

OCAIRS Data Summary Form 2

Client: _____

Assessor: _____

Age: _____ Date Assessment Completed: _____ Signature: _____

Summary of Clients Scores

Roles	Habits	Personal Causation	Values	Interests	Skills	Short-Term Goals	Long-Term Goals	Interpretation of Past Experiences	Physical Environment	Social Environment	Readiness for Change
F	F	F	F	F	F	F	F	F	F	F	F
A	A	A	A	A	A	A	A	A	A	A	A
I	I	I	I	I	I	I	I	I	I	I	I
R	R	R	R	R	R	R	R	R	R	R	R

RATINGS KEY	
F	Facilitates: Facilitates Participation in Occupation
A	Allows: Allows Participation in Occupation
I	Inhibits: Inhibits Participation in Occupation
R	Restricts: Restricts Participation in Occupation

NEED FOR OCCUPATIONAL THERAPY

- Shows positive occupational participation, no need for OT.
- Need for minimal intervention/consultative OT services.
- Need for OT intervention indicated to restore/improve participation
- Need for extensive OT intervention indicated to improve participation. Referral for follow-up services also recommended.

ANALYSIS / PLAN
