

# OT Vision and Cognition Screener Quick Take Along® Mini-Book (#TA-270): Response Form

Client Name:	Examiner:
Date of Screening:	Location:
Date of Birth:	Reason for Screening:
Age (Years, Months):	Other Current Services:
Diagnosis:	Does the client have prescribed glasses or contacts? yes / no If so, were they worn during screening? yes / no

## Primary Area(s) of Concern:

<input type="checkbox"/> Oculomotor skills	<input type="checkbox"/> Visual-motor integration
<input type="checkbox"/> Visual acuity	<input type="checkbox"/> Cognition: <input type="checkbox"/> basic <input type="checkbox"/> higher-level
<input type="checkbox"/> Visual perception	<input type="checkbox"/> Other (explain):

## Action to Take:

<input type="checkbox"/> None/ age-appropriate	<input type="checkbox"/> Recheck in _____ months	<input type="checkbox"/> Refer for full OT eval	<input type="checkbox"/> Continue OT services/goals
<input type="checkbox"/> Change/add goals	<input type="checkbox"/> Consider for dismissal	<input type="checkbox"/> Refer for other services:	

Scoring Key: **WNL** = Within Normal Limits **Imp** = Impaired **UFI** = Unable to Follow Instructions **NE** = Not Evaluated

*\*Add details regarding impairments and view scoring criteria in the "Observation/Notes/Scoring" column.*

Oculomotor Skills and Visual Acuity (pp. 6-15; Supplemental Materials pp. 1-2)	Book Page #	WNL	Imp* R = right L = left	UFI	NE	Observation/Notes/Scoring*
<b>Ocular Alignment</b>	6		R / L			Misalignment: <input type="checkbox"/> Eso <input type="checkbox"/> Exo <input type="checkbox"/> Hyper <input type="checkbox"/> Hypo Present: <input type="checkbox"/> Always <input type="checkbox"/> When eye is fatigued
<b>Visual Tracking &amp; Smooth Pursuits</b>	7					Directions affected: _____ <input type="checkbox"/> Nystagmus present
<b>Saccades</b>	8					Impaired: <input type="checkbox"/> horizontal <input type="checkbox"/> vertical
<b>Convergence/ Divergence</b>	9					Impaired: <input type="checkbox"/> convergence <input type="checkbox"/> divergence
<b>Vestibulo-Ocular Reflex</b>	10					Impaired: <input type="checkbox"/> horizontal <input type="checkbox"/> vertical
<b>Visual Field Confrontation Testing</b>	11		R / L			Quadrant affected: <input type="checkbox"/> upper right <input type="checkbox"/> upper left <input type="checkbox"/> lower right <input type="checkbox"/> lower left
<b>Visual Acuity</b>	12-15					<input type="checkbox"/> Able to name letters <b>H O T V</b> before testing Right eye: 20/____ Left eye: 20/____

Visual Perception (pp. 16-45; Supplemental Materials p. 1)	Book Page #	Score	WNL	Imp*	UFI	NE	Observation/Notes/Scoring*
<b>Color Blindness Screening</b>	16	____/11					<input type="checkbox"/> Difficulty distinguishing colors, especially red/green/brown
<b>Visual Discrimination: One that Doesn't Fit</b>	17	____/4					(Answers: small button, oval, circle with 4 holes v. 2, orange arrow)
<b>Visual Discrimination: Spot the Differences</b>	18	____/5					

<i>(Continued from the previous page)</i>	<b>Book Page #</b>	<b>Score</b>	<b>WNL</b>	<b>Imp*</b>	<b>UFI</b>	<b>NE</b>	<b>Observation/Notes/Scoring*</b>
<b>Visual Discrimination: b / d / p / q</b>	19	___/20					<input type="checkbox"/> Consistently impaired, older than age 7 <input type="checkbox"/> b (5) <input type="checkbox"/> d (5) <input type="checkbox"/> p (5) <input type="checkbox"/> q (5)
<b>Visual Discrimination: Matching Pairs</b>	20	___/5					
<b>Visual Discrimination: Matching Image</b>	21	___/2					(Answers: Set 1 = D, Set 2 = B)
<b>Figure Ground: Hidden Pictures</b>	22	___/5					
<b>Figure Ground: Monochrome Images</b>	23	___/5					
<b>Figure Ground: Line Drawing</b>	24	___/1					(Answer: B)
<b>Figure Ground: Letters and Shapes</b>	25	___/12					(Answers: P D Q N; 8 squares—award 1 point each)
<b>Form Constancy: Letter Forms</b>	26	___/10					
<b>Form Constancy: Flips and Rotations</b>	27	___/3					<input type="checkbox"/> Has to manipulate/turn the book to see (Answers: Set 1 = B, Set 2 = C, Set 3 = A)
<b>Visual Closure: Numbers</b>	28	___/10					
<b>Visual Closure: Letters</b>	29	___/10					
<b>Visual Closure: Objects</b>	30	___/6					
<b>Visual Closure: Puzzle</b>	31	___/1					(Answer: 4)
<b>Visual Memory: Grid 1</b>	33-34	___/1					<input type="checkbox"/> Uses verbal strategies out loud to recall positions/sequences
<b>Visual Memory: Grid 2</b>	35-36	___/4					<input type="checkbox"/> Uses verbal strategies out loud to recall positions/sequences
<b>Visual Seq. Memory: Pattern 1</b>	37-38	___/1					<input type="checkbox"/> Uses verbal strategies out loud to recall positions/sequences (Answer: banana)
<b>Visual Seq. Memory: Pattern 2</b>	39-40	___/1					<input type="checkbox"/> Uses verbal strategies out loud to recall positions/sequences (Answer: elephant)
<b>Visual Seq. Memory/ Spatial Reasoning</b>	41-42	___/2					<input type="checkbox"/> Uses verbal strategies out loud to recall (Answer: yes; arrow/rectangle switched)
<b>Visual Spatial Reasoning</b>	43	___/1					(Answer: D)
<b>Visual Sp. Reasoning: Tangrams (Airplane)</b>	44	___/5 <sup>1</sup>					
<b>Visual Sp. Reasoning: Tangrams (House)</b>	45	___/5 <sup>1</sup>					

**Visual Perception total raw score:** \_\_\_ / \_\_\_<sup>2</sup>

<sup>1</sup> Award 1 point for each skill: uses all shapes; correct shape order; correct orientation; shapes touch; no significant overlaps (5 total)

<sup>2</sup> Do not count items marked as “NE” above; 130 total possible points are available in this section if all items are administered.

Visual-Motor Integration (pp. 46-57; Supplemental Materials pp. 3-8)	Book Page #	Score	WNL	Imp*	UFI	NE	Observation/Notes/Scoring*
<b>Dot-to-Dot, Follow the Road</b>	46	___/2					<input type="checkbox"/> Deviates >1/4" from the straight line expected path between the two dots
<b>Pre-Writing Sample</b>	47	___/9					
<b>Stay on the Path: Straight and Zig-Zag</b>	48	___/4					
<b>Stay on the Path: Curvy</b>	49	___/9 <sup>1</sup>					
<b>Handwriting: Name</b>	50	___/3 <sup>2</sup>					<input type="checkbox"/> Needs a model to copy (do not score) <input type="checkbox"/> Legibility <input type="checkbox"/> Borders <input type="checkbox"/> Form accuracy
<b>Handwriting: Upper-Case Alphabet</b>	50	___/3 <sup>2</sup>					<input type="checkbox"/> Needs a model to copy (do not score) <input type="checkbox"/> Legibility <input type="checkbox"/> Borders <input type="checkbox"/> Form accuracy
<b>Handwriting: Lower-Case Alphabet</b>	50	___/3 <sup>2</sup>					<input type="checkbox"/> Needs a model to copy (do not score) <input type="checkbox"/> Legibility <input type="checkbox"/> Borders <input type="checkbox"/> Form accuracy
<b>Handwriting: Numbers 1-9</b>	50	___/3 <sup>2</sup>					<input type="checkbox"/> Needs a model to copy (do not score) <input type="checkbox"/> Legibility <input type="checkbox"/> Borders <input type="checkbox"/> Form accuracy
<b>Handwriting/Reading: Level 1 Pangram</b>	50	___/4 <sup>3</sup>					<input type="checkbox"/> Legibility <input type="checkbox"/> Borders <input type="checkbox"/> Form accuracy <input type="checkbox"/> Reads independently
<b>Handwriting/Reading: Level 2 Pangram</b>	50	___/4 <sup>3</sup>					<input type="checkbox"/> Legibility <input type="checkbox"/> Borders <input type="checkbox"/> Form accuracy <input type="checkbox"/> Reads independently
<b>Draw-A-Person Sample</b>	51	___/5 <sup>4</sup>					Includes ___( # ) body parts or limb pairs Grasp used: _____
<b>Cutting: Snipping Across Paper</b>	52-53	___/1					<input type="checkbox"/> Needs assistance to position scissors <input type="checkbox"/> Requires cues to use both hands
<b>Cutting: 6" Straight Line</b>	52-53	___/1 <sup>5</sup>					<input type="checkbox"/> Completes but cuts deviate >1/4" from the line
<b>Cutting: 6" Curved Line</b>	52-53	___/1 <sup>5</sup>					<input type="checkbox"/> Completes but cuts deviate >1/4" from the line
<b>Cutting: 6" Circle</b>	52-53	___/1 <sup>5</sup>					<input type="checkbox"/> Completes but cuts deviate >1/2" from the line
<b>Cutting: 4" Square</b>	52-53	___/1 <sup>5</sup>					<input type="checkbox"/> Completes but cuts deviate >1/4" from the lines
<b>Cutting: Complex Shape</b>	52-53	___/1 <sup>5</sup>					<input type="checkbox"/> Completes but cuts deviate >1/4" from the lines
<b>Folding Along Lines</b>	54-57	___/8 <sup>6</sup>					<input type="checkbox"/> Completes but deviates >1/4" from the lines

Visual Motor Integration total raw score: \_\_\_ / \_\_\_<sup>7</sup>

<sup>1</sup> Award 1 point for each curve and line/section of the road with no border deviations, pencil pick-ups, or line disruptions (9 total)

<sup>2</sup> Award 1 point for each skill: legibility, border maintenance, form accuracy >90% (3 total)

<sup>3</sup> Award 1 point for each skill: legibility, border maintenance, form accuracy >90%, independent reading (4 total)

<sup>4</sup> Award 1 point for each skill: developmentally-appropriate grasp; sustained visual and cognitive attention to task; picture approximates a human form; body parts are generally proportionate/located where anatomically expected; drawing includes details such as clothing, accessories, or joints (5 total)

<sup>5</sup> Award 1 point for each cutting task if the client completes the entire shape with less than 1/4" deviations (1/2" for circle)

<sup>6</sup> Award 1 point for each fold that is executed within 1/4" of the given line

<sup>7</sup> Do not count items marked as "NE" above; 63 total possible points are available in this section if all items are administered

Cognition (pp. 58-69)	Book Page #	Score	WNL	Imp*	UFI	NE	Observation/Notes/Scoring*
Colors	58	___/8 <sup>1</sup>					<input type="checkbox"/> identifies (receptive) <i>or</i> <input type="checkbox"/> labels (expressive)
Shapes	58	___/8 <sup>1</sup>					<input type="checkbox"/> identifies (receptive) <i>or</i> <input type="checkbox"/> labels (expressive)
Body Parts	59	___/9 <sup>1</sup>					<input type="checkbox"/> identifies (receptive) <i>or</i> <input type="checkbox"/> labels (expressive)
Letters: Upper Case	60	___/26 <sup>1</sup>					<input type="checkbox"/> identifies (receptive) <i>or</i> <input type="checkbox"/> labels (expressive)
Letters: Lower Case	60	___/26 <sup>1</sup>					<input type="checkbox"/> identifies (receptive) <i>or</i> <input type="checkbox"/> labels (expressive)
Numbers: 0-9	60	___/10 <sup>1</sup>					<input type="checkbox"/> identifies (receptive) <i>or</i> <input type="checkbox"/> labels (expressive)
Functional Counting/ Enumeration	61	___/4					(Answers: 7 beach balls, 7 palm trees, 6 flamingos, 20 total objects)
Auditory Processing & Following Directions	62	___/7					
Memory/Recall	63	___/10					
Sequencing/Planning	64	___/2 <sup>2</sup>					
Problem Solving	65	___/7					
Telling Time	66	___/8					(Answers: 3:45, 5:58, 11:08, 12:03, 7:32, 8:40, 9:00, 10:20)
Time Concepts	67	___/13					
Money Concepts: Counting Bills & Coins	68	___/3					(Answers: Line A = \$0.71, Line B = \$0.42, Line C = \$1.56)
Money Concepts: Comparing Amounts	69	___/3					(Answers: Set 1 = peppers; Set 2 = spaghetti; Set 3 = shoes)

Cognition total raw score: \_\_\_ / \_\_\_<sup>3</sup>

<sup>1</sup> For pp. 58-60, document whether the client is able to identify and/or label the concepts. *Identification* often requires receptive language (understanding) and a paired motor skill (showing). For example, the clinician might ask, “Which one is red?” to prompt the client to point to the red object. *Labeling* usually requires expressive language (naming) and a verbal or AAC-assisted answer. For example, “What color is this?”

<sup>2</sup> Award 1 point for each set of three images that the client sequences correctly.

Answers:

- Set 1 = Put toothpaste on your toothbrush. 2. Brush your teeth. 3. Rinse your mouth with water. Spit the toothpaste out.
- Set 2 = Wash your hands, and set the table. 2. Put food on the plate, and pour your drink. 3. Put your plate on the table, and sit down.

<sup>3</sup> Do not count items marked as “NE” above; 144 total possible points are available in this section if all items are administered.

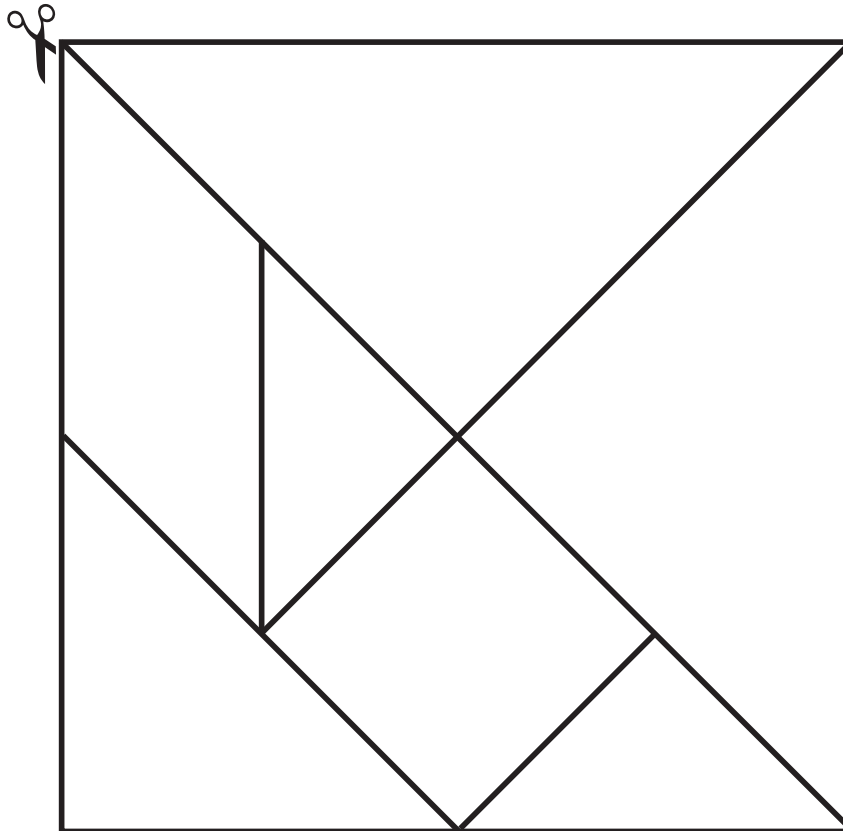
*Please note: This Response Form is to be used for screening purposes and informal evaluation/re-evaluation of skills only. This tool is non-standardized, and the points are not weighted. Any score derived based on points is a raw score and should only be used to compare personal ability over time. Please use your clinical judgment and additional standardized assessments to establish eligibility for services and appropriate goals based on the client’s age, developmental level, and diagnoses.*

**OT Vision and Cognition Screener Quick Take Along® Mini Book:  
Supplemental Materials**

**Visual Acuity Testing: Cut out this HOTV box prior to the screening session.**



**Tangrams: Cut out each individual shape (7 total) prior to the screening session.**



HOTV Chart - Test at 5 Feet

H O T V H

20/200

O V H T V

20/160

V T O T H

20/125

H T O V O

20/100

T H V O V

20/80

H T V H O

20/63

O H T V T

20/50

V O H V T

20/40

O H T V T

20/32

H V O T O

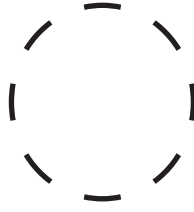
20/25

V O V T H

20/20

T O H V T

20/16



Circle should measure 1 inch, the size of a US quarter dollar coin

Red line should measure 86 mm, the long edge of a standard credit card



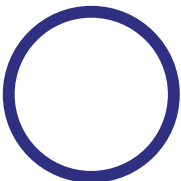

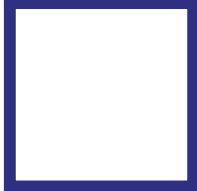

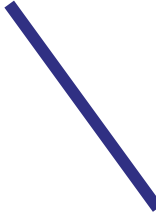

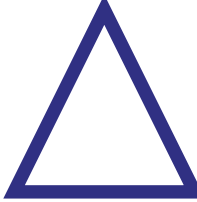


Dot-to-Dot: Draw one straight line to connect the dots.



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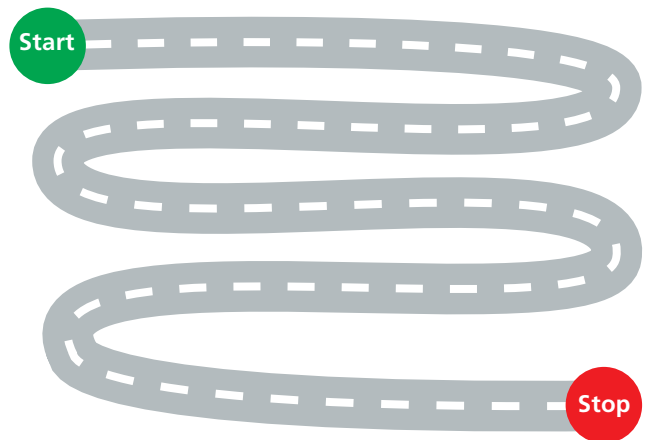
Pre-Writing Sample: Copy each form in the corresponding blank below.

## Stay on the Path: Straight and Zig-Zag



## Stay on the Path: Curvy



### Handwriting Samples:

Name: \_\_\_\_\_

Upper-case Alphabet: \_\_\_\_\_

\_\_\_\_\_

Lower-case Alphabet: \_\_\_\_\_

\_\_\_\_\_

Numbers, 1-9: \_\_\_\_\_

Pangram Level 1: A quick brown fox jumps over the lazy dog.

\_\_\_\_\_

\_\_\_\_\_

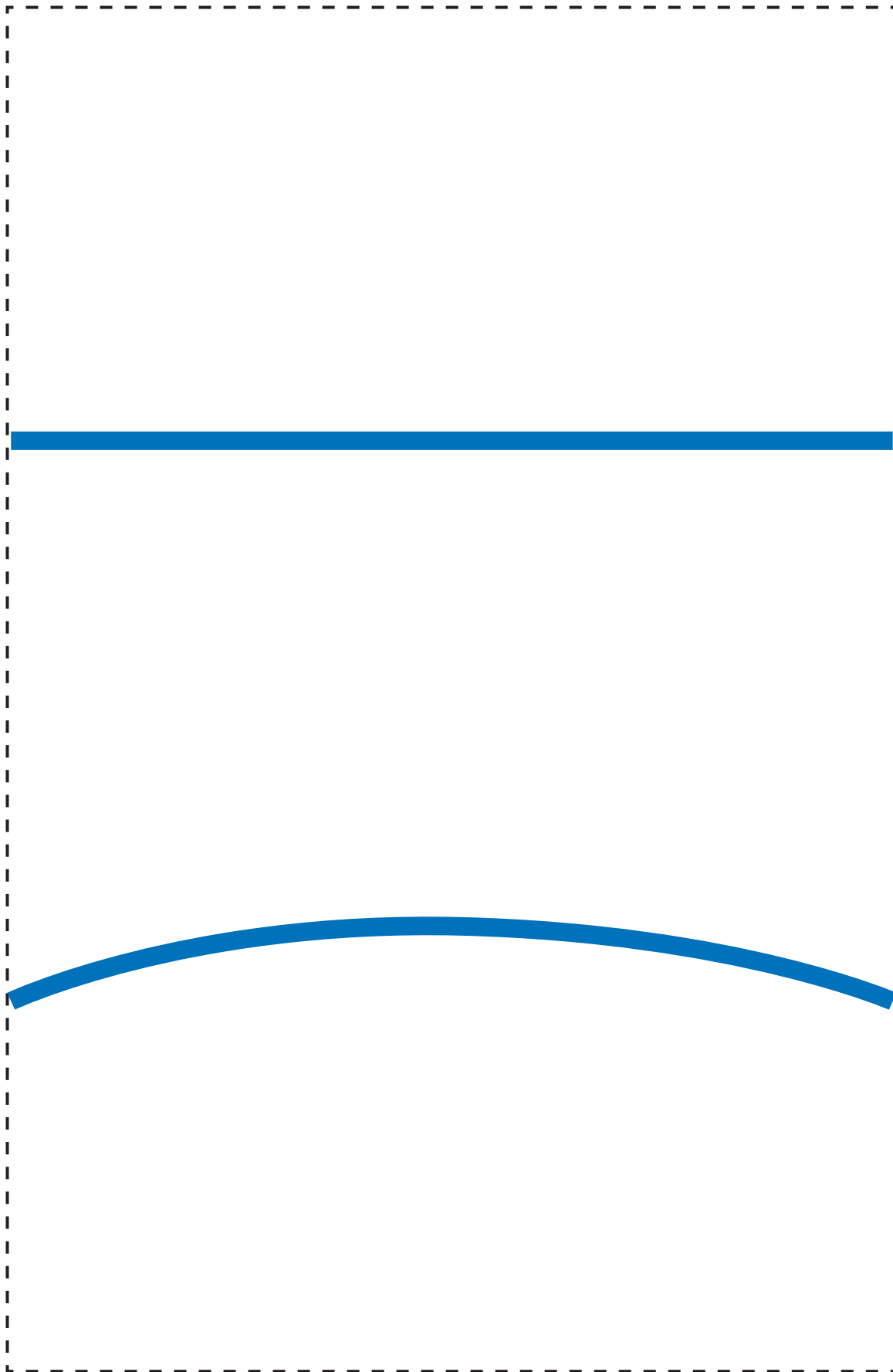
Pangram Level 2: The wizard quickly jinxed the gnomes before he vaporized.

\_\_\_\_\_

\_\_\_\_\_



# Cutting with Scissors

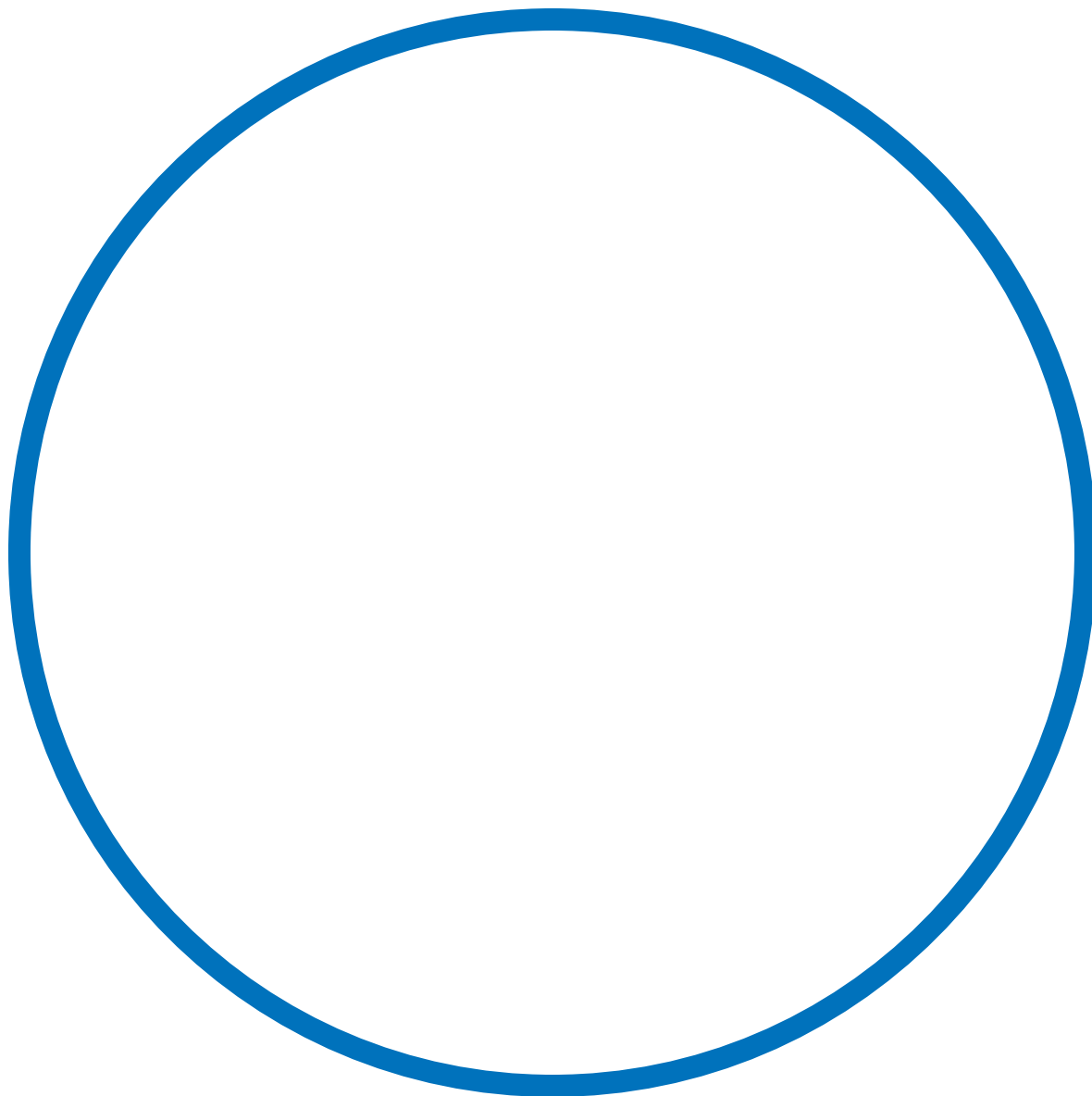


**6" Straight  
Bold Line**

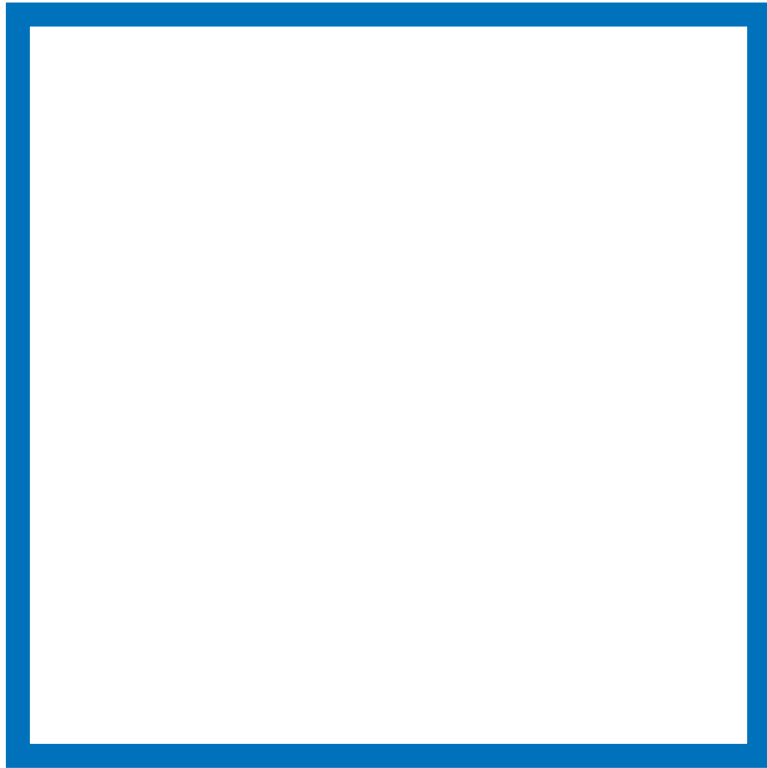
**6" Curved  
Bold Line**

**Cutting with Scissors (Cont.)**

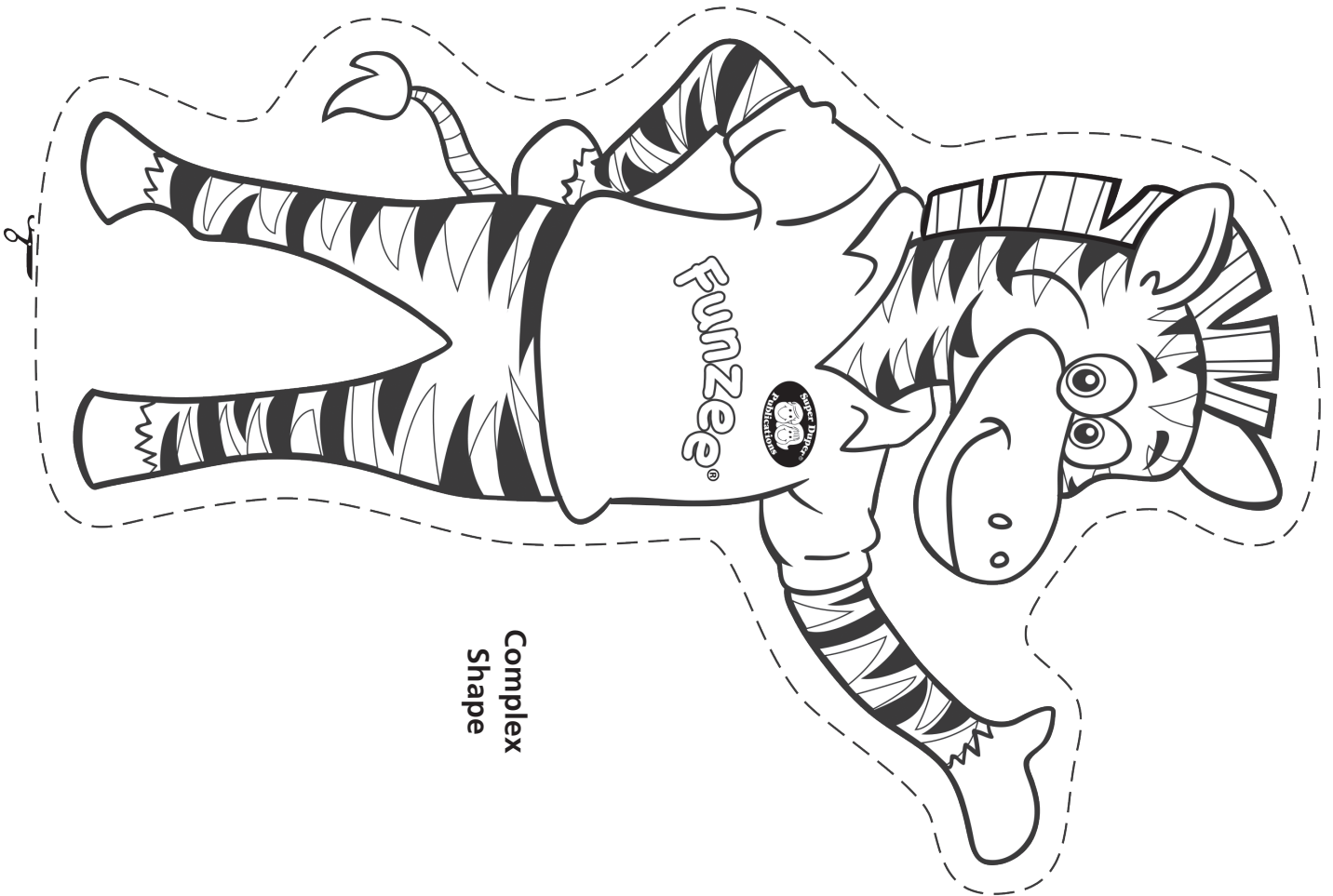
**6" Diameter  
Bold Line  
Circle**



## Cutting with Scissors (Cont.)



4" Bold Line  
Square



Complex  
Shape

## Folding Along Lines

**Note to clinician:** You may only want to have the client fold at the "Fold 1" line if you are working with a very young client or with someone who has limited motor coordination.

