

Comprehensive Occupational Therapy Evaluation Scale (COTE)

Patient Name: _____

DATE

	1	2	3	4	5	6	7
I. GENERAL BEHAVIOR							
A. APPEARANCE							
B. NON-PRODUCTIVE BEHAVIOR							
C. ACTIVITY LEVEL (a or b)							
D. EXPRESSION							
E. RESPONSIBILITY							
F. PUNCTUALITY							
G. REALITY ORIENTATION							
SUB-TOTAL							

	1	2	3	4	5	6	7
II. INTERPERSONAL BEHAVIOR							
A. INDEPENDENCE							
B. COOPERATION							
C. SELF-ASSERTION (a or b)							
D. SOCIABILITY							
E. ATTENTION-GETTING BEHAVIOR							
F. NEGATIVE RESPONSE FROM OTHERS							
SUB-TOTAL							

	1	2	3	4	5	6	7
III. TASK BEHAVIOR							
A. ENGAGEMENT							
B. CONCENTRATION							
C. COORDINATION							
D. FOLLOW DIRECTIONS							
E. ACTIVITY NEATNESS OR ATTENTION TO DETAIL							
F. PROBLEM SOLVING							
G. COMPLEXITY AND ORGANIZATION OF TASK							
H. INITIAL LEARNING							
I. INTEREST IN ACTIVITY							
J. INTEREST IN ACCOMPLISHMENT							
K. DECISION MAKING							
L. FRUSTRATION TOLERANCE							
SUB-TOTAL							
TOTAL							

SCALE 0-NORMAL 1-MINIMAL 2-MILD 3-MODERATE 4-SEVERE

Therapist's Signature

	DATE							
I. GENERAL BEHAVIOR	8	9	10	11	12	13	14	
A. APPEARANCE								
B. NON-PRODUCTIVE BEHAVIOR								
C. ACTIVITY LEVEL (a or b)								
D. EXPRESSION								
E. RESPONSIBILITY								
F. PUNCTUALITY								
G. REALITY ORIENTATION								
SUB-TOTAL								
II. INTERPERSONAL BEHAVIOR	8	9	10	11	12	13	14	
A. INDEPENDENCE								
B. COOPERATION								
C. SELF-ASSERTION (a or b)								
D. SOCIABILITY								
E. ATTENTION-GETTING BEHAVIOR								
F. NEGATIVE RESPONSE FROM OTHERS								
SUB-TOTAL								
III. TASK BEHAVIOR	8	9	10	11	12	13	14	
A. ENGAGEMENT								
B. CONCENTRATION								
C. COORDINATION								
D. FOLLOW DIRECTIONS								
E. ACTIVITY NEATNESS OR ATTENTION TO DETAIL								
F. PROBLEM SOLVING								
G. COMPLEXITY AND ORGANIZATION OF TASK								
H. INITIAL LEARNING								
I. INTEREST IN ACTIVITY								
J. INTEREST IN ACCOMPLISHMENT								
K. DECISION MAKING								
L. FRUSTRATION TOLERANCE								
SUB-TOTAL								
TOTAL								

SCALE 0-NORMAL 1-MINIMAL 2-MILD 3-MODERATE 4-SEVERE

Therapist's Signature