



**Mid-Valley Special Education Cooperative**

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**OT  PT  Student Transition**  
**Sheet**

ESY Year: 2017       New School/Program:

Student Name: \_\_\_\_\_  
Current School/Program: \_\_\_\_\_  
ESY Therapy Minutes:  Direct: \_\_\_\_\_  Consult: \_\_\_\_\_  
Diagnosis/Eligibility: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Therapist: \_\_\_\_\_  
Therapist summer contact info: \_\_\_\_\_

**RELEVANT MEDICAL INFORMATION**

- Seizure Precaution       Fall Precaution       Sun Protection due to Medication
- G-tube       Trach       Catheter       Other:
- Cardiac Concerns:       Hearing:
- Respiratory Concerns:       Vision:
- Allergies:

**BEHAVIOR/ SAFETY CONCERNS:**

- See IEP for BIP
- Other:

**CLASSROOM EQUIPMENT USED\***

- Classroom Chair:       Desk       Easel       Mat       Wedge/roll:
- Time in Stander:       Stander equipment:       Other:

Classroom positioning comments:

**TRANSFERS\***

- Assistance Needed:  Dep       Max       Mod       Min       Independent       Slide Board
- 1 or  2 person assist       Mechanical Lift       Lift sling style:       Pivot Disc
- Gait Belt

Transfer comments:

**MOBILITY\***

- Assistance Needed:  Dep       Max       Mod       Min       Independent
- Equipment Used:  Wheelchair:       Walker:       Other:
- LE Orthotics:       AFO's:  R  L       SMO's:  R  L       Other:

Mobility comments:

**TOILETING\***

- Assistance Needed:  Dep       Max       Mod       Min       Independent
- Equipment:  Cath       Diaper       Adapted Toilet Seat

Toileting comments:

**SENSORY ADAPTATIONS/NEEDS & EQUIPMENT USED\***

- Visual:  
 Auditory:  
 Vestibular:  
 Tactile/Proprioceptive:  
 Sensory Defensiveness:  
 Other:

Sensory comments:

**FINE MOTOR\***

- Handedness:     R  L    Undetermined  
 UE Orthotics:     R  L   Type:  
 Equipment (loop scissors, pencil grasps, etc.):

Fine Motor comments:

**WRITING/ASSISTIVE TECHNOLOGY\***

- Pencil Grasp     Slant Board     Lined Paper     Writing Program     Keyboarding Program  
 Switches (please include pictures of step up/formation)

**PLEASE ATTACH SAMPLES OF WORK, MODIFICATIONS, COPIES OF LINED PAPER USED AND ASSISTIVE DEVICES**

Comments:

**COMMUNICATION METHODS\***

- Verbal             Sign Language     Core Board     Communication Book:  
 Physical (eye gaze, pointing, etc.):  
 AAC Device:

Communication comments:

**CLOTHING MANAGEMENT\***

- Assistance Needed:  Dep     Max     Mod     Min     Independent  
 Needs assist with:  Jacket    Pants    Shirt    Shoe/Sock    Fasteners:

Comments:

**FEEDING\***

- Assistance Needed:  Dep     Max     Mod     Min     Independent     NPO  
 Adapted Equipment:  Cup     Plate     Bowl     Straw     Dycem     Utensils:  R  L    Other:

Feeding comments:

**SPECIAL LIKES/DISLIKES\***

- Positioning:  
 Toys/Music:  
 Food:  
 Activities:  
 Other:

*\*Please attach any available written programs and photos*

Remember to label all equipment with an ESY label indicating the student's ESY and Fall school/program locations.

**Additional Notes:**