

Print On Blue Paper

Occupational and Physical Therapy Screening Request

Please complete this form and the enclosed checklist completely and return to the building OT or PT's mailbox. Please make a copy for your student file and the principal or designee.

Date: _____ Check One or Both: _____ OT _____ PT _____ Both OT & PT

Student Name: _____ **Birth Date:** _____ **SIS #:** _____

School: _____ Grade: _____ (Circle One: am pm all day)

Teacher Name: _____ Room Number: _____

Referred by: _____ Form completed by (If different) _____

Building Administrator Signature: _____ Date: _____

Date Parent/Guardian contacted: _____ Referring Person Email: _____

Please Circle all supportive or special education the student is currently receiving.

Speech/Language Itinerant Vision Occupational Therapy Adaptive PE

Itinerant Hearing Physical Therapy LD Resource Social Work

Other: (please specify) _____

List any documented/significant medical or developmental history: _____

Describe overall concerns:

Best time to observe the student when he/she displays the presenting concern(s): _____

Best time to talk with the teacher: _____

Please attach work samples and most recent IEP/504 Plan.

TEACHER CHECKLIST FOR OT/PT REFERRAL

Student Name

Date of Birth

It is important to note that we are looking at motor components, rather than attending problems, language, distractibility, and/or behavior.

Please check all areas in which the child exhibits difficulties.

GROSS MOTOR/AMBULATION

- Difficulty managing stairs/immature stair climbing pattern
- Gait interferes with mobility around the school environment
- Cannot move around school independently
- Falls or stumbles more frequently than others
- Bumps into things, falls out of chair
- Unable to organize body to complete a task or move through a sequence (clumsy, jerky, awkward)
- Safety is an issue on: stairs, bus, playground equipment
- Difficulty maintaining balance
- Difficulty with ball skills
- Oversteps or understeps obstacles
- Low muscle tone and/or weakness
- Extreme tightness in any joint that limits function
- Has poor sitting posture
- Walks on his or her toes

Please describe or expand on these items: _____

FINE MOTOR/HAND SKILLS

- _____ Doesn't automatically assist with other hand, e.g., to hold paper when writing, to zip clothing, to perform cutting
- _____ Difficulty manipulating classroom objects, e.g., blocks, toys, puzzles, pegs, books, locks, lunch, items, rulers, math manipulatives
- _____ Awkward/poor pencil grasp
- _____ Lack of established hand dominance past six years of age, if interfering with classroom functioning
- _____ Difficulty with pasting activities
- _____ Difficulty controlling pencil pressure, e.g., lines too dark or too light, shaky, drops pencil
- _____ Difficulty with manipulating fasteners or shoelaces, etc.
- _____ Has difficulty in completing written assignments
- _____ Has trouble with tracing activities
- _____ Has difficulty holding and manipulating scissors
- _____ Has difficulty completing classroom cutting activities
- _____ Has difficulty holding head up during written tasks
- _____ Has difficulty with organizing classroom materials/personal belongings

Please describe or expand on these items: _____

VISUAL MOTOR/PERCEPTUAL (Consider age appropriate skills when identifying concerns)

- _____ Difficulty with copying shapes, letters, numbers, or sentences from model near or far
- _____ Difficulty with discriminating shapes, letter, or numbers
- _____ Poor letter sizing or shaping
- _____ Has difficulty crossing midline in reading, writing, or drawing
- _____ Has difficulty coloring within boundaries

Please describe or expand on these items: _____

SENSORY

- _____ Overacts or underacts to touch or physical contact; student may hit, may withdraw from, or may crave touch
- _____ Fearful of movement, e.g., swing, merry-go-round, slide, jumping
- _____ Difficulty learning new motor skills, routines
- _____ Poor understanding of directional concepts: up, down, under, over, right and left
- _____ Distractible: poor attention span
- _____ Difficulty with transitions
- _____ Walks on his or her toes
- _____ Over or under stimulated with auditory input
- _____ Has difficulty following lengthy auditory directions
- _____ Lacks body awareness (bumps into others; too close)
- _____ Has limited food choices (textures,temperature,etc.)

Please describe or expand on these items: _____

What methods have been tried to remediate the problems listed? Have they been successful?

Comments:

Please list the best times to observe Student:

Form completed by: _____ Title: _____