

OCCUPATIONAL / PHYSICAL THERAPY REFERRAL CHECKLIST

This checklist has been designed to assist teachers and other personnel in establishing appropriate OT/PT referrals. **Please check areas that apply and return to the Office along with the Permission to Evaluate form.**

Student: _____ Date: _____

Teacher: _____ School: _____

Wears glasses: _____ Receiving Spec. Ed.: _____

Academic/Desk Work

- Pencil grasp (normal, tight or clumsy)
- Switches hands frequently
- Poor Stabilization of paper
- Desk posture (slumps in chair)
- Holds scissors incorrectly
- Difficulty coordinating scissors
- Difficulty drawing, coloring, or cutting (esp. circles)
- Avoids crossing midline
- Poor concept of direction (i.e. right vs. left, under, on, or behind)
- Tremors
- Poor dexterity
- Difficulty copying from Board
- Forms letters incorrectly, letter reversals
- Difficulty doing puzzles
- other (describe)

Self Care

- Problems zipping/buttoning
- Toileting (requires assistance for cleaning self, managing clothes, transferring to/from toilet, maintaining balance on toilet)
- Feeding (carrying tray, setting up tray, using utensils)
- Personal device care (care for prosthetics, orthotics, adaptive equipment)
- other (describe)

Sensorimotor/Behavior

- Forgets verbal directions
- Sits on foot at seat
- Stands at desk doing work
- Rests head in hand with elbow on desk
- Poor desk organization
- Significant mood changes
- Impulsive or accident prone
- Distractible, short attention span
- Seems to crave excessive movement (i.e. runs everywhere, rocks or bounces self)
- Fearful of heights or movement
- Dislikes loud noises (i.e. grimaces covers ears)
- Craves tactile stimulation (i.e. excessively touches kids or other kid's stuff)
- Hits self
- Hits others
- Child consistently looks sleepy or groggy
- other (describe)

Mobility

- Awkward gait pattern
- Reciprocal pattern up and down stairs
- Confuses left and right
- Poor endurance- fatigues easily
- Requires extra time passing class to class
- Difficulty propelling or guiding wheelchair
- Poor topographical orientation (gets lost easily, difficulty remembering route to other areas of building)
- Muscle tone (floppy vs. rigid)
- Safety (clumsy, bumps into objects or people, trips and falls easily) **circle one**
- Difficulty boarding/exiting bus
- Difficulty participating in emergency drills, P.E. or playground activities **circle one**
- Poor posture (sitting/standing)
- other (describe)

Describe what modifications have been used: _____

Statement explaining how these things are adversely affecting students educational development (attach any work samples that may support the statement):

Teachers Signature: _____ Principal's Signature: _____