

## TEACHER CHECKLIST FOR OT &/OR PT REFERRAL

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\_\_\_\_\_

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 be aware that an appropriate referral must contain THREE or more referring problems related to classroom performance.**

Please answer the following questions to provide us with as much information as possible about the child.

1. OT/PT Screening completed?     YES         NO    Date \_\_\_\_\_
  
2. Is the child receiving any special education services, i.e., OT, PT, speech, LD resource, etc?  
 YES     NO    If YES, explain: Type \_\_\_\_\_  
 Provided by Whom: \_\_\_\_\_ Amount \_\_\_\_\_
  
3. Does the child have a medical diagnosis?     YES     NO    If YES, explain:  
 \_\_\_\_\_
  
4. Do you know of any factors which may interfere with development and educational performance?  
 ( i.e., seizures, hearing loss, visual defect, medications)  
 Please list: \_\_\_\_\_
  
5. Estimate of cognitive abilities/mental age \_\_\_\_\_ (May use IQ if known).

**Please check all areas in which the child exhibits difficulties.**

II. GROSS MOTOR/AMBULATION

- \_\_\_\_\_ Difficulty managing stairs
- \_\_\_\_\_ Gait interferes with mobility around the school environment
- \_\_\_\_\_ Cannot move around school independently
- \_\_\_\_\_ Falls frequently
- \_\_\_\_\_ 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

Please describe or expand on these items: \_\_\_\_\_

**OVER**

II. 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
- \_\_\_\_\_ Awkward/poor pencil grasp
- \_\_\_\_\_ Lack of established hand dominance past six years of age, if interfering with classroom functioning
- \_\_\_\_\_ Cannot manipulate scissors to cut
- \_\_\_\_\_ Difficulty controlling pencil pressure, e.g., lines too dark or too light, shaky, drops pencil
- \_\_\_\_\_ Difficulty with manipulating fasteners or shoelaces, etc.

Please describe or expand on these items: \_\_\_\_\_

\_\_\_\_\_

III. SENSORY

- \_\_\_\_\_ Overreacts 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
- \_\_\_\_\_ Difficulty with visual perception (e.g., copying shapes, letters, numbers; discriminating colors, shapes, letters; copying from the board)
- \_\_\_\_\_ Poor understanding of directional concepts: up, down, under, over, etc.

Please describe or expand on these items: \_\_\_\_\_

\_\_\_\_\_

How do problems checked interfere with such things as classroom activities, routines, and school work?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Comments:

Completed by: \_\_\_\_\_

Teacher

\_\_\_\_\_

Phone Number