



IROQUOIS SPECIAL EDUCATION ASSOCIATION

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OCCUPATIONAL THERAPY REFERRAL

On the Following Checklist:

- Please answer all questions to the best of your ability. Only mark "N/A" if the child in question is too young or too old to perform the activity.
- If you do not have all the information, please ask other staff working with the child to help complete the form.
- Please mail or give the parent a copy of the completed form.
- Please be aware that a copy of this referral will become part of the student's temporary school file and/or special education file.

Student Name: _____

Grade: _____

School: _____

Birthdate: _____

Form Completed By: _____

Date: _____

Classroom Teacher: _____

Email Address: _____

Parent Consent: _____

Date: _____

Please describe the problems you are seeing in the child's educational environment.

In what way(s) do you believe this child may benefit from an Occupational Therapy Evaluation and/or services? **(If you would simply like an informal consultation with an O.T., and do not feel the child needs a full evaluation, please indicate this, and state your specific reasons).**

Has the child ever had a Case Study Evaluation? If so, was the child found eligible for special education and what services does he/she receive?

Is the Case Study Evaluation currently in progress? _____

Is the child currently receiving RtI (Response to Intervention) services? _____

Does the child have any medical diagnosis (including ADHD)? _____

| VISUAL PERCEPTION | Always | Frequently | Occasionally | Seldom | Never |
|---|---------------|-------------------|---------------------|---------------|--------------|
| 1. Difficulty in discrimination of shapes, letters, or numbers. | | | | | |
| 2. Difficulty organizing letters and numbers on a page. | | | | | |
| 3. Difficulty copying designs, letters, or numbers. | | | | | |
| 4. Difficulty copying off the board. | | | | | |

Comments on Visual Perception:

| FINE MOTOR SKILLS Please include <u>handwriting and cutting samples</u>, reflecting the student's performance on their best and worst days. | Always | Frequently | Occasionally | Seldom | Never |
|--|---------------|-------------------|---------------------|---------------|--------------|
| 1. Tries to avoid drawing, coloring, cutting, or writing (indicate which by circling). | | | | | |
| 2. Non-dominant hand fails to hold paper stable while doing above activities. | | | | | |
| 3. Poor pencil grasp (finger position). | | | | | |
| 4. Pencil Lines are light, wobbly, or too dark (indicate which). | | | | | |
| 5. Pencil grasp is too tight or too loose (indicate which). | | | | | |
| 6. Shows inconsistent hand dominance if older than age 6 (i.e. is not clearly right or left-dominated). | | | | | |
| 7. Difficulty in dressing; clothing off or on, buttons, zippers, tying shoes. | | | | | |
| 8. Difficulty with non-pencil/paper tasks (building with blocks, stringing beads, lacing cards, etc.). | | | | | |
| 9. Difficulty coordinating eye movements for keeping place in reading, copying from blackboard to desk (after age 7). | | | | | |
| 10. Difficulty using two hands to manipulate supplies. | | | | | |

Comments on Fine Motor Skills:

| SENSORY PROCESSING (Reactions to touch, sound, movement, smell and taste) | Always | Frequently | Occasionally | Seldom | Never |
|--|---------------|-------------------|---------------------|---------------|--------------|
| 1. Seems overly sensitive to being touched; pulls away from light touch. | | | | | |
| 2. Avoids putting hands in messy substances (clay, fingerpaint, glue, or paste). | | | | | |
| 3. Seems to be unaware of being touched or bumped. | | | | | |
| 4. Avoids being close to others. | | | | | |
| 5. Fearful moving through space (teeter-totter, swing). | | | | | |
| 6. Hesitates to climb or play on playground equipment. | | | | | |
| 7. Covers ears or withdraws in crowded or noisy situations (cafeteria, standing in line, circle time). | | | | | |
| 8. Appears overly sensitive to noises (such as bells, toilet flush, whispering). | | | | | |
| 9. Tends to talk to self or makes noises. | | | | | |
| 10. Excessive mouthing of objects for age (pencils, shirt, hands, etc.). | | | | | |
| 11. Extremely picky eater; often refuses foods kids typically eat at school. | | | | | |
| 12. Clumsy or seems not to know how to move body; bumps into things. | | | | | |
| 13. Tendency to confuse right and left body sides (after age 6). | | | | | |
| 14. Seems to fall frequently. | | | | | |
| 15. Poor skills in rhythmic activities (i.e. music). | | | | | |

Comments on Sensory Processing:

Send this completed form (including Parent Consent), along with:

- **Handwriting and cutting samples if there are concerns about those skills**

Please make sure to complete all three sections (Visual Perception, Fine Motor Skills, and Sensory Processing) with help from other building staff as needed.