OCCUPATIONAL THERAPY SCREENING REQUEST & REPORT

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational Therapy (OT) services in the educational setting are unlike those provided in a medical model. School-based services support the primary services of the education program - assessments are targeted towards participation in functional, educationally related activities throughout the school day.

A few guidelines when considering making a formal OT screening request - students with the following concerns typically do not require an OT assessment:

1. Pencil grasp that may be atypical but functional for class work.
2. General clumsiness due to attention factors.
3. Poor letter formation due to attention factors – this includes students who can produce legible written work if cued to attend to task. *Students in the third grade or higher may have established habits for handwriting which are irreversible or require undue effort to modify (effort at the cost of participation in the writing process itself). The team may want to consider an Assistive Technology referral for students with illegible or slow handwriting as an alternative to referring to OT.*
4. Difficulties noted by parents in the home environment, such as dressing, shoe tying, etc. *(except for developmental preschool tasks or if difficulty affects educational goals/implementing accommodations).*
5. Sensory integration issues that do not directly affect fine motor skills. *School-based occupational therapy staff may assist the team identifying strategies that support attention and behavior; this would be a service within the continuum of special education and related services, not assessment in the Eligibility process.*

Occupational therapy staff may be able to provide teachers and instructional staff with general and student specific guidance on some educational strategies and adaptations; however it is the teacher’s responsibility to teach and implement use of strategies within the classroom, per VDOE licensing regulations.

**Check if team has reviewed:** Handwriting Strategies Handbook Sensory Integration Handbook

 Role of OT in School Setting Brochure OT/PT Referral SOP OT/PT Equip. Request SOP

**Request Generated By:**

 Tier III RtI/Child Study team prior to decision re: proceeding to evaluation

 Child Study/Eligibility team as part of the Eligibility process, for IEP/504 planning

 Eligibility/IEP team for a student eligible for special ed. and related services: note category(s) \_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_ D.O.B.\_\_\_\_\_ Teacher(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this form to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(note Other relevant timeline info on p.2)

This student is being referred for occupational therapy screening to address the following concerns:

**Physical Disability due to** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transfer Student with Current IEP**/**IFSP with OT Services** (please attach copy) : \_\_\_\_\_\_\_\_

**Educationally related self-care issues** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visual Motor Visual Perceptual**

\_\_Illegible handwriting \_\_Difficulty copying from the board

\_\_Unable to cut out basic shapes \_\_Difficulty writing on lines/inconsistent

\_\_Unable to copy basic shapes letter sizing, poor word or letter spacing

\_\_Poor letter/number formation \_\_Leaves out letters, words, numbers when copying

\_\_Writes slowly/unable to complete work in time \_\_Difficulty lining up math problems

 \_\_Reverses letters, words, numbers

#

# Fine Motor Sensory Motor

\_\_Awkward pencil grip \_\_Difficulty initiating or remaining on task

\_\_Unable to hold scissors correctly \_\_Moves in awkward, clumsy manner

\_\_Drops items frequently \_\_Bumps into objects, people, doors, walls

\_\_Awkward handling of classroom materials \_\_Has difficulty keeping hands to self

\_\_Unable to manage clothing fasteners \_\_Pencil grip too light or too tight

 (buttons, zippers, snaps) \_\_Appears over-active, craves movement

\_\_Unable to manage containers or utensils \_\_Tires easily, weaker than peers, seems lethargic

 when eating \_\_Scratches, pinches, hits or bites self or others

\_\_Switches hands when writing or cutting, \_\_Chews on or mouths non-food items

 no established hand dominance \_\_Smells non-food items

\_\_Difficulty using two hands together \_\_Dislikes loud noises (covers ears)

 (for cutting, lacing projects, holding paper \_\_Dislikes getting hands messy

 down when writing) \_\_Dislikes hugs, withdraws from touch

**Circle the environments/areas where the student is experiencing the greatest difficulty:**

Circle/Floor Time Fine Motor Specials Reading

Recess Gross Motor Transitions Math

Lunch Written Language Physical Education Spelling

Behavior Speech Therapy Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Pertinent Information (ie. date of latest or anticipated Elig./IEP review, most recent FBA/BIP, prior referrals, outside information, etc. - screenings may take up 60 days, however please include date of follow-up meeting if known; if screening completed prior to educational evaluation and IDEA educationally relevant concerns are noted report must be reviewed by Child Study team):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Screening Report**

(to be completed by OT staff)

Additional File Review and Teacher Interview info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Therapy History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* OT: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* PT: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* SP: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Classroom/School Environment Observation (OT staff may mark N/A and proceed to Recommendations, as indicated):

Date: \_\_\_\_ Time: \_\_\_\_\_ Activity/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concerns Related to Observation:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations:

* + Assessment warranted. Specify target areas and recommended timeline/method of assessment. (ie. if student has not yet been found Eligible for an IEP/504 plan related to referral concern please invite me to the next Child Study/Eligibility meeting).
	+ School-setting intervention. Specify the intervention. (ie. if the intervention requires specialized services or equipment within the context of the current/proposed educational program please invite me to the next IEP or 504 meeting).
	+ Referral to another service. Specify service(s) (ie. special education, AT, SLP - please refer to student support needs checklist).
	+ Continued monitoring since potential problem exists. Specify frequency of monitoring.
	+ No educationally relevant problem noted.

Justification for Recommendation:

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

Screening completed by:

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

print name/signature Date report returned to referral source

(OTR/L co-sign if screening completed by COTA/L) (note: if completed prior to related educational evaluation and educationally relevant problems are noted report must be reviewed by Child Study team)

*If there are other questions/concerns or new information please feel free to discuss with me.*

*Thank you for allowing me to observe in your classroom today!*