Manheim Township School District

Classroom Checklist for Referral prior to OT/PT Services

Referral checklist will assist in clarifying educational concerns and assist staff in better identifying the presence of OT/PT related concerns. If the child has overall difficulty in one category, or shows several items posing difficulty, this may indicate a need for an OT and/or PT evaluation. Please take at least **two weeks** to observe student and fill out form. **If referral is necessary, please attach checklist to the referral form**.

PLEASE PRINT

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: |  | Date: |  |
| Grade/Age: |  | Program: |  |
| Form Completed By: |  | Position: | Classroom Teacher |

Please check if applicable to student:

**I. WRITTEN WORK (OT):**

Hand dominance: Left Right Alternates

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Pencil grasp: Awkward/Poor |  |  |
| Pencil pressure: Lines too dark, lines too light |  |  |
| Identifies appropriate starting/stopping points on worksheets and writing paper |  |  |
| Inconsistent word/letter sizing |  |  |
| Difficulty with reversals of letters/numbers |  |  |
| Inconsistent letter/word placement on line |  |  |
| Inconsistent spacing between letters in a word or between words in a sentence |  |  |
| Difficulty copying information from near or far distances |  |  |
| Difficulty remaining in coloring lines |  |  |

II. SCISSORING: OT

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Places scissors correctly on fingers |  |  |
| Can they open and shut appropriately |  |  |
| Can snip paper |  |  |
| Cuts on a straight line with little deviations from the cutting line |  |  |
| Cuts out simple figures (circle, square, triangle) with little deviations from the cutting line |  |  |
| Cuts out complex figures (i.e. ghost, house, fish) with little deviations from the cutting line |  |  |

Cutting technique: Snip Smooth cutting Jagged cutting

|  |  |
| --- | --- |
|  |  |

III. SENSORY PROCESSING: OT

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Difficulty following multi-step directions |  |  |
| Fidgets in seat during lessons |  |  |
| Constantly touching and/or fidgeting with things |  |  |
| Misses directions more than other students |  |  |
| Is distracted or has trouble completing a given task in a busy environment |  |  |
| Has difficulty tolerating changes in routines or changes in expectations |  |  |
| Withdraws from activities |  |  |
| Decreased awareness of personal space or decreased body awareness |  |  |
| Perseverates on things/ideas or has difficulty transitioning throughout the school day |  |  |

**IV. CLASSROOM BACKGROUND INFORMATION:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Personal aide |  |  |
| Desk materials are disorganized more than other students |  |  |
| Difficulty manipulating classroom objects (rubber bands, paper clips, turning pages, books, etc.) |  |  |
| Writes more legibly when given more time |  |  |

III. FUNCTIONAL MOBILITY: PT

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Difficulty managing stairs or bus access, curbs, or surface changes |  |  |
| Unusual walking or running pattern |  |  |
| Reluctant or unable to use playground equipment, participate in games or gym class |  |  |
| Consistently uses poor posture (sitting at desk, floor; walking) |  |  |
| Check for appropriateness of desk/chair size in relation to student. |  |  |
| Falls frequently |  |  |
| Bumps into things, falls out of chair |  |  |
| Difficulty keeping up with peers, tires easily, has low endurance |  |  |
| Unable to organize body to complete a task or move through a sequence (clumsy, jerky, awkward) |  |  |

|  |  |
| --- | --- |
| **Comments:** |  |
|  |  |
|  |  |

**List or attach a copy of the educational relevancy according to student curriculum/IEP within the classroom setting that you feel cannot be met without the support of an Occupational and/or Physical Therapist (i.e., educational goal(s) and/or objectives from the student’s IEP/curriculum benchmarks)***.*

|  |  |
| --- | --- |
| Difficulty or Concern | Curriculum/Goals Not Being Met |
|  |  |
|  |  |
|  |  |

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Form

REVIEWED BY DISTRICT Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature