

BEACON CITY SCHOOL DISTRICT
Office of Pupil personnel Services

REQUEST FOR OCCUPATIONAL/PHYSICAL THERAPY SCREENING

Student: _____

Date: _____

Teacher: _____

School: _____

Sp. Ed. Teacher: _____

Date of IST: _____

Wears glasses: _____

Receiving Sp. Ed.: YES NO

Date of Birth: _____

Grade: _____

PLEASE CHECK ONE:

_____ Special Education

_____ 504

_____ Regular Education

Type of program child is currently in: _____

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Reason for evaluation: _____

Previous interventions attempted: _____

Other information: _____

Teacher

School Psychologist

Completed form must be sent to the Pupil Personnel office for approval.

7/07

OCCUPATIONAL/PHYSICAL THERAPY REFERRAL CHECKLIST

Please circle all the descriptions that are relevant to the student being referred.

FINE MOTOR

poor pencil grasp
needs non-dominant hand to position pencil
switches hands frequently
poor stabilization of paper
poor arm position
poor desk posture
sits on leg at seat
holds scissor incorrectly
lines drawn are close, too faint, or too dark
difficult drawing, coloring, cutting
avoids crossing midline
poor direction concept (i.e., left/right)
forgets verbal directions
tremors, poor dexterity
holds head up with hand at desk
problems with zipping, buttoning

VISUAL MOTOR

colors outside the lines
cuts off corners
unable to copy simple designs (circle, square)
does not stay on line when writing

VISUAL PERCEPTUAL

poor eye contact
poor eye-hand coordination

forms letters incorrectly
letter reversals
no spacing between letters
poor spatial relations
can't copy from board
difficulty doing puzzles
has a messy desk

GROSS MOTOR

low muscle tone
clumsy, bumps into objects or trips easily
difficulty initiating movements
difficulty coordinating both sides of the body
poor posture
awkward gait pattern
poor balance and/or coordination
does not alternate feet going up stairs
confused left and right
poor ball skills
slumps in seat

BEHAVIOR

marked mood variations

becomes easily frustrated
impulsive, accident prone
distractive (noise, movement)
touches others

SENSORIMOTOR BEHAVIOR

sits on leg at seat doing work
is unusually fearful of heights or movements
seems to crave excessive movement
stands at desk while doing work
leaves seat often
dislikes noise (circle time/covers ears)

TACTILE SENSATIONS

hits people next to him/her
seems to withdraw from touch
dislikes being cuddled
increased pressure on writing implement
decreased pressure on writing implement
craves tactile stimulation
dislikes standing in the middle of line (i.e., lunch time)