Children's TREATMENT CENTRE OF CHATHAM-KENT

Occupational Therapy Teacher Checklist

Student Name: _____ **D.O.B.:** (dd/mm/yyyy)

Grade: _____

Occupational Therapist has reviewed and approved this referral and assigned the following priority:

☐ ***MILD*** ☐ ***MODERATE*** ☐ ***HIGH***

Known diagnosis and/or any recent change to health status and/or upcoming diagnostic testing:

_____

_____

Please note direct services may not be appropriate for the following items. Please speak to your Occupational Therapist if you have any of the concerns listed below:

- When assistive technology/resources/accommodations are already in place and successful
- Sporadic issues (not impacting day-to-day performance)
- Language-based issues (i.e. spelling, dyslexia, reading)

<u>Note</u>: Not all items checked below will be treated by an SBRS therapist. Based on the concerns identified, needs will be prioritized.

The following referral criteria MUST BE MET to proceed with referral:
☐ Concern is related to student's ability to access or participate in the curriculum (see Areas of Concern below) ☐ In-school teams have been considered and/or consulted for internal resources/supports for concerns related to: self-injurious behaviours, flight risk, property destruction, aggression and/or mental health prior to initiating this referral. ☐ Caregiver has consented to this referral and agrees to support implementation of recommendations provided by Occupational Therapist. ☐ Referral has been reviewed with SBRS OT prior to submission.
Prioritize top 3 goals for this referral?
1.
2.
3.
If the referral is to support SEA funding or other funding for technology/equipment please specify here:

Student Name: D.O.B.:

Current Interests/Involvement in Extracurricular Activities:
Does the student have any preferred hobbies or extracurricular activities that they enjoy (i.e. ex: sports, church groups, music, drama, etc)?

Describe the student's participation in social activities with their peers (both inside the classroom and outside).

Areas of Concern Affecting Functional Curriculum Engagement & Participation

Please rate your current level of satisfaction with the student's current performance in each area of concern. If concerns noted, check applicable boxes below.

General Classroom Skills

☐ Not a concern

Current level of satisfaction: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Unsatisfied Very Satisfied

- ☐ Approaches tasks in an unorganized/impulsive manner
- ☐ Unable to complete multistep activities (age appropriate)
- ☐ Does not persist when performing a challenging task
- ☐ Difficulty following written directions
- ☐ Unable to move freely throughout the school environment
- ☐ Struggles with transitions between tasks
- ☐ Has difficulty following classroom rules/routines
- ☐ Has difficulty initiating/completing work independently
- ☐ Struggles to focus in the presence of distraction
- ☐ Unable to remain seated for class work
- ☐ Difficulty following verbal or written directions
- ☐ Unable to keep track of personal belongings/learning materials and tools
- ☐ Unable to sit comfortably at desk
- ☐ Does not complete work in a timely manner
- ☐ Desk and school materials are unorganized
- ☐ Persist or requests assistance

Handle Materials and Manipulatives

☐ Not a concern

Current level of satisfaction: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Unsatisfied Very Satisfied

- ☐ Inconsistent hand preference
- ☐ Non-functional scissor grasp or poor cutting accuracy
- ☐ Non-functional pencil grasp/pressure (☐ heavy ☐ light)
- ☐ Weak pencil control for drawing, tracing, colouring
- ☐ Struggles to manipulate tools (eraser, math/art/science materials)
- ☐ Difficulty assembling puzzles
- ☐ Does not use age appropriate detail when drawing
- ☐ Difficulty using regular keyboard successfully

Student Name: D.O.B.:

Written Communication

☐ Not a concern

Current level of satisfaction: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Unsatisfied Very Satisfied

☐ Poor letter formation ☐ Print size is large ☐ Illegible printing

☐ Does not complete written work in a timely manner ☐ Weak spelling OR literacy skills

☐ Refusal to complete writing tasks ☐ Printing contains reversals

☐ Print has poor spatial organization (spacing, use of baseline, discriminative letter sizing and placement)

☐ Requires scribing

Self Care Skills

☐ Not a concern

Current level of satisfaction: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Unsatisfied Very Satisfied

☐ Safety concerns with bathroom/equipment for toileting ☐ Struggles to put on/remove outdoor clothing

☐ Lack of independence with toileting skills/bathroom routine ☐ Struggles with fasteners (zippers, buttons, snaps)

☐ Trouble removing/putting on clothing during toileting ☐ Struggles to open containers for lunch/snacks

☐ Limited independence to feed self during lunch/snacks ☐ Poor level of hygiene

☐ Limited independence in cleaning up after meals

Sensory (must significantly affect the student's ability to access the curriculum and are not behaviour based)

☐ Not a concern

Current level of satisfaction: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Unsatisfied Very Satisfied

☐ Responds negatively to: ☐ touch ☐ noise ☐ taste ☐ texture of food ☐ clothing ☐ other:

☐ Difficulty sitting still; may fidget, rock, turn during meals or when doing school work

☐ Frequently tries to escape the classroom environment ☐ Overly sensitive to noises, lights, movement

Engagement in Curriculum

Is student meeting grade-level expectations? ☐ Yes ☐ No

If no, please explain further: _____

Please indicate how much assistance the student needs to complete their daily routine.

☐ No Assistance ☐ Minimal Assistance ☐ Moderate Assistance ☐ Maximum Assistance

☐ Physical Assistance ☐ Verbal Assistance

Additional Comments:

Student Name: D.O.B.:

What time of day is most challenging?					
	Time(s)		Time(s)		Time(s)
☐ 1st block		☐ Midday		☐ Last block	
☐ Outdoor recess/gym		☐ Indoor recess/gym		☐ Other (*Elaborate):	
Describe in detail:					

Universal Classroom Tools/ Strategies/ and Specialized Equipment in Place

Check appropriate boxes for universal tools/ strategies that have been trialed and their outcome.

Please check appropriate box if strategy has been tried:		**Unsuccessful**	**Sometimes Works**	**Always Works**	**Not Applicable**
EA for support		☐	☐	☐	☐
Sensory Breaks	☐ As needed ☐ Time(s):	☐	☐	☐	☐
	☐ Sensory Room ☐ Time(s):	☐	☐	☐	☐
	☐ Other (*Elaborate):	☐	☐	☐	☐
Sensory Equipment (Chewlery, fidgets, theraband around bottom of chair, weighted lap blanket etc)		☐	☐	☐	☐
Equipment to Support Focus/Attention (Hokki Stool, Rocker Chair, Disc'o'Sit Cushion, Standing Desk, fidgets, study carrel, Time Timer)		☐	☐	☐	☐
Visual Support (e.g. Schedule/Timer/Letter Strip/Sight Words)		☐	☐	☐	☐
Written Communication Aids (Pencil Grips, Slant Board, Personal Word Wall, etc)		☐	☐	☐	☐
Alternative Learning Space		☐	☐	☐	☐
Scribe for Written Output		☐	☐	☐	☐
Assistive technology (i.e. computer, iPad, switches, etc.)		☐	☐	☐	☐
Wheelchair (power, manual)		☐	☐	☐	☐

Student Name: D.O.B.:

Splints/Braces	☐	☐	☐	☐
Transfer Equipment (i.e. Portable or ceiling lifts, slings, etc.)	☐	☐	☐	☐
Specialized Seating/ Positioning Equipment (adapted chair, foot support, stander, etc)	☐	☐	☐	☐
Feeding/Dressing Aids	☐	☐	☐	☐
Toilet/Bathroom Aids	☐	☐	☐	☐
FM System	☐	☐	☐	☐
Oral Communication Aids (i.e., PECS, AAC, Proloquo2go, etc.)	☐	☐	☐	☐
Other:	☐	☐	☐	☐
List current equipment in place to support the student.				

Please comment on student Safety Concerns:

- ☐ Equipment unsafe/poor fit
- ☐ Demonstrates self injurious behaviour
- ☐ Makes unsafe choices/unsafe impulses
- ☐ Demonstrates explosive behaviour
- ☐ Property Destruction
- ☐ Other (describe in detail):
- ☐ Struggles with transfers/mobility
- ☐ Aggression towards peers and/or adults
- ☐ Seeking dangerous activities
- ☐ Exit-Seeking Behaviours

Additional Information/Comments:

Is there anything else you wish to share with the Occupational Therapist?

_____ _____

Completed by Signature Date

_____

Print Name

***Please attach and submit with Principal Referral Form**