

# **SBRS Occupational Therapy Teacher Checklist**

\*Please submit with the Principal Referral Form\*

STUDENT NFORMATION:						
Name:	Grade:	DOB:	(dd/mm/yyyy)			
Occupational Therapist has reviewed and ap	proved this referral and	d assigned the follo	wing priority:			
Tier 2 Tier 3 **Required**						
Known diagnosis and/or any recent change	to health status and/or	upcoming diagnos	tic testing:			
Please note direct services are not appropriate Practice:	ate for the following ite	ms under Ministry	identified SBRS OT Scope of			
When assistive technology/resources	s/accommodations are a	lready in place and	l successful			
<ul> <li>Sporadic issues (not impacting day-to-</li> </ul>		iready iii piace aria	3466633141			
<ul> <li>Language-based issues (i.e. spelling,</li> </ul>						
Behavioural and/or mental health co	•	ary barrier to funct	tional participation			
* Please speak to your Occupational Therapis	·	•	·			
The following referral criteria MUST BE MET to proceed with referral. (Not all items checked below will be treated by						
an SBRS therapist. Based on the concerns identified, needs will be prioritized.)						
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 nea	iith 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 C	OT prior to submission					
Neierral has been reviewed with oblide	or prior to submission.					
Prioritize top 3 goals for this referral.						
1.						
2.						
3.						
If the referral is to support SEA funding or of	ther funding for technol	ogy/equipment, p	lease specify here:			
Consect Interests/Invaluencent in Fotoscousi	lan Astinitiaa.					
Current Interests/Involvement in Extracurric Does the student have any preferred hobbies		tios that thou onio	u (i a av: sports shursh			
groups, music, drama, etc)?	or extraculficular activi	ties that they enjoy	/ (i.e. ex. sports, charch			
groups, music, drama, etc):						
Describe the student's participation in social activities with their peers (both inside the classroom and outside).						

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Student Name: D.O.B.:

#### AREAS OF CONCERN AFFECTING FUNCTIONAL CURRICULUM ENGAGEMENT AND 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.

## Access to School Environment and Specialized Equipment (Check all that apply)

Not a concern

Unable to move freely throughout the school environment (entry/exit to building and/or specific spaces like classroom or bathroom)

Unable to sit comfortably at desk

Unable to utilize existing classroom equipment (i.e. chair and/or desk)

Requires specialized equipment or support to access and engage in daily activities at school

# Specialized equipment currently in place (Check all that apply)

Wheelchair (power, manual)

Splints/Braces

Transfer equipment (i.e. portable or ceiling lifts, slings etc.)

Specialized seating/positioning equipment (i.e. adapted chair, foot support, stander etc.)

Feeding/Dressing Aides

Toilet/Bathroom Aides

Oral Communication Aids (i.e., PECS, AAC, Proloquo2go, etc.)

Additional comments:

#### General Classroom/ Executive Functioning Skills (Check all that apply)

Not a concern

Struggles to focus in the presence of distraction

Approaches tasks in an unorganized/impulsive manner Unable to complete multistep activities (as appropriate

for age)

Does not persist when performing a challenging task

Struggles with transitions between tasks

Has difficulty initiating/completing work independently

Has difficulty following classroom rules/routines
Difficulty following verbal or written directions
Unable to keep track of personal belongings/learning

materials and tools

Frequently requests assistance

Does not complete work in a timely manner Desk and school materials are unorganized

## **Handle Materials and Manipulatives**

Not a concern

Inconsistent hand preference

Non-functional scissor grasp or poor cutting accuracy

Weak pencil control for drawing, tracing, colouring

Difficulty assembling puzzles

Does not use age appropriate detail when drawing

Difficulty using regular keyboard successfully

Struggles to manipulate tools (eraser, math/art/science materials)

Non-functional pencil grasp/pressure ( heavy light)

## **Written Communication**

Not a concern

Poor letter formation

Does not complete written work in a timely manner

Refusal to complete writing tasks

Illegible printing Print size is large

Printing contains reversals

Requires scribing

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

## **Self-Care Skills**

Not a concern

Safety concerns with bathroom/equipment for toileting

Struggles to open containers for lunch/snacks

Lack of independence with toileting/bathroom routine

Struggles to put on/remove clothing

Limited independence in cleaning up after meals Struggles with fasteners (zippers, buttons, snaps)

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Student Name: D.O.B.:

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

Not a concern

Difficulty sitting still Frequently tries to escape the classroom environment

Responds negatively or sensitive to the following:

touch noise smell clothing movement lighting other:

Seeks out specific sensations or types of input:

touch noise smell clothing movement lighting other:

**Engagement in Curriculum** 

**Is the student meeting grade-level expectations?** yes no

If no, explain further:

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

No assistance Verbal assistance Physical assistance

Additional comments:

What time of day is most challenging?

1<sup>st</sup> block Midday Last block

Outdoor/recess gym Indoor recess/gym Other (Elaborate):

Describe in detail:

UNIVERSAL CLASSROOM TOOLS/ STRATEGIES IN PLACE							
Please check appropriate box if strategy has		Unsuccessful	Sometimes	Always	Not		
been tried:			Successful	Successful	Applicable		
EA for support							
	Time(s):						
Sensory	Location:						
Breaks	Sensory space						
	Classroom						
	Hallway						
	Other:						
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, Scribe for written							
output, Assistive Technology such as computer,							
iPad or switches etc.)							
Alternative Learning Space							
FM System							
Other:							

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Student Name: D.O.B.:

Current equipment in place to support the student:		
Describe:		
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 transfe Aggression towards p Seeking dangerous ac Exit-Seeking Behaviou	eers and/or adults ctivities
Additional Information/Comments:		
, , , , , , , , , , , , , , , , , , , ,		
Completed by:	Date:	(dd/mm/yyyy)
Email:	l e.a.	
Phone number:	Ext:	
Signature:		

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