

OT Pre-Referral/Consultation Form

(To be completed along with a Request for Services form and sent to the coop)

Student's Name: _____ Sex: M F
District # _____ School: _____ Grade: _____

Sp. Ed. Program: _____ Related Services: _____

Referred by: _____ Title: _____ Phone: _____

Please rate each of the following items according to the level of interference with classroom performance as it relates to his or her peers.

Key: N/A= Not Applicable 3-Frequently, 51%-75%
1=Never/Rarely, less than 25% 4=Consistently, 75-100%
2=Sometimes, 25-50%

FINE MOTOR _____ Right Handed _____ Left Handed _____ Mixed Dominance
_____ Avoidance of writing, copying, coloring, or cutting
_____ Pencil lines are wobbly; too faint, or light, or too heavy; often breaks lead
_____ Awkward pencil grasp; or tight grasp
_____ Written work is excessively slow and labored
_____ Difficulty manipulating small objects, or performing tasks like shoe tying

VISUAL MOTOR/VISUAL PERCEPTUAL-Passed vision screening _____ Yes _____ No
_____ Difficulty coloring within the lines or staying on the line when writing
_____ Difficulty cutting on the line, cuts off corners, ends of lines/shapes
_____ Unable to copy simple designs (circle, square, triangle)
_____ Difficulty organizing work in left to right, top to bottom progression
_____ Difficulty writing name
_____ Difficulty in completing puzzles; trial and error placement
_____ Reversals in words or letters, after 1st grade
_____ Poor formation of letters, or spacing between letters and words
_____ Difficulty keeping place when reading or copying from the board to the desk

SENSORIMOTOR BEHAVIORS

_____ Engages in crashing, or banging into or against objects
_____ Difficulty positioning self and materials to support best performance
_____ Is unusually fearful of movement
_____ Seems to crave repetitive movements such as spinning, bouncing or jumping
_____ Stands at desk to work, or leaves seat often

SENSORIMOTOR BEHAVIORS (cont'd)

_____ Dislikes noises
_____ Mouthes objects, fingers or clothing

