Consultative School Based Rehabilitation Services

Occupational Therapy/Physiotherapy School Therapy Services
Referral Form: Checklist

Student's Name _____
Date of Birth _____
Address _____
Health # _____
Parent/Guardian Name(s) _____
Phone# _____

School _____
Grade _____
Teacher_____

Please complete this checklist. Use these questions to guide your thinking about how your student compares to others his or her age. Score each item for level of independence, level of concern, frequency of concern (i.e., how often the concern is impacting the student throughout the school day) and probability or likelihood of the area of concern leading to a behavioral or safety issue towards self or others.

Level of Independence
0 - Independent
1 - Independent with an aid (i.e., pencil gripper/ walker)
2 - Requires minimal support
3 - Requires moderate support
4 - Requires maximal support
N/A - Not applicable

Level of Concern
1 - No concerns
2 - Mildly concerned
3- Moderately concerned
4 - Very concerned

Frequency of Concern
1 - Never/ Seldom (<25%)
2 - Occasionally (> 25%)
3 - Frequently (> 50%)
4 - Always (>75%)

Probability of Behavioral / Safety issue
1 - None
2 - Low
3 - Medium
4 - High

Classroom Productivity

Activities	**Level of Independence**	**Level of Concern**	**Frequency of Concern**	**Probability of Behavioral / Safety Issues**
Able to complete handwritten work clearly and in an appropriate amount of time				
Able to express thoughts in a written format (i.e., journal writing, composing sentences, stories, etc...)				
Able to copy from the board (i.e., letters, numbers, words, sentences, etc...)				
Able to efficiently use the computer for written work				
Able to complete art activities (i.e., coloring, cutting and gluing, etc...)				

Able to participate in classroom routines (i.e., hanging up clothing, organizing tokens, organizing and locating school materials, etc...)				
Able to easily manipulate school tools (i.e., scissors, pencil, pencil sharpener, crayons, glue, math manipulatives, etc...)				
Able to transition/switch between class activities (i.e., circle time to gym to reading to snack to outdoors)				
Other:				

Comments: _____
_____

Self-Help Activities

Activities	**Level of Independence**	**Level of Concern**	**Frequency of**	**Probability of Behavioral / Safety Issues**
Able to access and put away backpack and outdoor clothing				
Able to retrieve, set up and clean up snack and lunch in a timely manner				
Able to efficiently feed self, using utensils				
Able to remove outdoor clothing (coat, snow pants, hat, mitts, boots) and put on indoor shoes				
Able to put on outdoor clothing (coat, snow pants, hat, mitts, boots/shoes, etc...)				
Able to complete bathroom routine				
Other:				

Comments:_____
_____

Mobility/Gross Motor Skills

Activities	**Level of Independence**	**Level of Concern**	**Frequency of Concern**	**Probability of Behavioural / Safety Issues**
Able to move safely around the classroom (maneuvering around desks, chairs, classmates etc)				
Able to move freely inside the school (managing hallways, doors, elevators, ramps, stairs) with no physical barriers				

Able to move freely outside on the school property (managing playground equipment, sporting fields, curbs, walkways, stairs, ramps) with no physical barriers				
Able to remain seated in classroom chair				
Able to move between a standing or seated position and the floor; able to maintain a seated position on the floor				
Able to move between sitting on a chair and standing				
Able to move on and off the toilet				
Able to access, participate in, and use equipment appropriately in Physical Education or other recreational school activities				
Able to access and get on and off the school bus / taxi/ Pat and the Elephant, etc...				
Able to stand and wait, then walk in line with classmates				
Other:				

Comments:

_____
_____

Additional Information:

_____
_____
_____
_____

Principal's Name _____ **Principal's Signature** _____ **Date** _____

Teacher's Name _____ **Teacher's Signature** _____ **Date** _____

****Please include parent input whenever appropriate**