AUSTILL'S REHABILITATION SERVICES, INC.
Educational and Therapeutic Services

100 John Robert Thomas Drive, Exton, PA 19341
Phone: 610-363-7009 Fax: 610-363-7055

OCCUPATIONAL THERAPY SCREENING - ELEMENTARY STUDENT REFERRAL FORM

TO BE COMPLETED BY TEACHER:

DATE: _____

STUDENT NAME:	**DOB:**
ADDRESS:	**PHONE:**
SCHOOL:	**DISTRICT:**
TEACHER / SCHOOL CONTACT:	**GRADE:** **If Kindergarten:** **AM**☐ **PM**☐

CLASSROOM SKILLS CHECKLIST – Check areas of difficulty:

Grasps:
_____Dominant hand not well established (appears L / R)
_____Awkward scissor grasp
_____Incorrect pencil grasp

Pencil/Paper:
_____Colors without use of lines
_____Prints letters incorrectly
_____Cursive handwriting is incorrect
_____Frequently reverses letters and numbers
_____Copies words with lack of spacing
_____Copies information from chalkboard or overhead projector incorrectly

Management of School Supplies:
_____Desk materials are disorganized
_____Difficulty with zipper, buttoning coat and tying shoes
_____Difficulty carrying cafeteria tray and opening containers

Sensory Processing:
_____Difficulty following classroom routine
_____Difficulty following multi-step directions
_____Difficulty visually attending to teacher for lessons
_____Poor writing posture (lacks feet flat on floor, hips back in seat, head up but comfortable, height of desk at slightly above elbows)
_____Fidgets in chair during lessons
_____Constantly touching/fidgeting with things
_____Dislikes touching messy fixtures (i.e., paint and glue)
_____Moves throughout the classroom without safety

Additional Concerns:

APPROVAL TO PROCESS:

Signature Special Education/Student Services:_____***Date:***_____

Send to: ***AUSTILL'S REHABILITATION SERVICES***
Attention:

Date to Austills Rehabilitation Services:_____