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 – SECONDARY STUDENT REFERRAL FORM

TO BE COMPLETED BY TEACHER:

DATE: _____

STUDENT NAME:	**DOB:**
ADDRESS:	**PHONE:**
SCHOOL:	**DISTRICT:**
TEACHER / SCHOOL CONTACT:	**GRADE:** ☐ ☐

CLASSROOM SKILLS CHECKLIST – Check areas of difficulty:

Visual Motor/Visual Perceptual Skills:

_____Writing is illegible/sloppy
_____ Is consistently behind peers when copying information/note taking
_____Written work lacks organization/structure on the page or unable to line up math problems correctly
_____Difficulty with the organization or layout of poster projects (poor spacing and sizing)
_____Frequently reverses letters and numbers
_____Copies words with lack of spacing
_____Copies information from chalkboard or overhead projector incorrectly

Management of School Supplies:

_____Desk/Locker is disorganized
_____Disorganized and always unable to find needed papers easily
_____Difficulty with opening locker, managing books, book bag and supplies
_____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)

Additional Concerns:

APPROVAL TO PROCESS:

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

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

Date to Austills Rehabilitation Services:_____