

**Pathways for Learning, Inc.**  
**Enhancing Development Through *Sensory* Environments**  
**2915 Providence Road, Suite 410 Charlotte, NC 28211**  
**PN 704.366.9770 \*\*\* FX 704.442.9608**

**Occupational Therapy Referral Checklist**  
**Preschool**

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**Childs Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Gross Motor (upper body strength, muscle tone, trunk stability)**

- |   |  |
|---|--|
| <input type="checkbox"/> Slumps in chair  | <input type="checkbox"/> Holds head up with hand       |
| <input type="checkbox"/> Fidgety in chair   | <input type="checkbox"/> Leans on things when standing |
| <input type="checkbox"/> Tires easily (fatigues before peers, difficulty finishing assignments) |  |

**Bilateral Integration (hand dominance, efficient use of two hands together)**

- |   |  |
|---|--|
| <input type="checkbox"/> Switches hands during writing            | <input type="checkbox"/> Switches hands during fine motor tasks                        |
| <input type="checkbox"/> Difficulty adjusting paper when cutting  | <input type="checkbox"/> Poor manipulation of dressing fasteners                       |
| <input type="checkbox"/> Poor stabilization of paper when writing | <input type="checkbox"/> Difficulty with book bag/pencil sharpener/manipulatives/shoes |
| <input type="checkbox"/> Keeps work on one side of desk           |  |

**Fine Motor (grasp patterns, hand/wrist strength, in hand manipulation)**

- |  |   |
|--|---|
| <input type="checkbox"/> Awkward grasp on pencil/scissors      | <input type="checkbox"/> Writing pressure too light/too heavy |
| <input type="checkbox"/> Drops things easily                   | <input type="checkbox"/> Flexes wrist when writing/cutting    |
| <input type="checkbox"/> Experiences hand fatigue/pain         | <input type="checkbox"/> Excessive hand perspiration          |
| <input type="checkbox"/> Poor isolation on fingers on keyboard | <input type="checkbox"/> Writing not fluid                    |

**Perceptual Motor/Handwriting/Oculomotor (body perception, visual perception, visual motor integration, eye-hand coordination, visual focus and tracking)**

- |   |   |
|---|---|
| <input type="checkbox"/> Poor letter recognition                            | <input type="checkbox"/> Poor letter formation  |
| <input type="checkbox"/> Poor letter/word spacing/alignment                 | <input type="checkbox"/> Inaccurate or slow copying/reading (loses place, omits words, add words) |
| <input type="checkbox"/> Difficulty completing reading/writing              | <input type="checkbox"/> Cannot think of what to write about                                      |
| <input type="checkbox"/> Poorly organized writing                           | <input type="checkbox"/> Unable to accurately draw a person                                       |
| <input type="checkbox"/> Poor drawing skills                                |   |
| <input type="checkbox"/> Letter/word reversals (past 1 <sup>st</sup> grade) |   |