Occupational Therapy Referral Checklist
Grades K-5

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Child’s Name: ___________________ Age: ___________ Grade: _____ School ______________

Gross Motor  (Upper Body Strength, muscle tone, trunk stability)
___ Slumps in chair  ___ Holds head up with hand
___ Fidgety in chair ________ Leans on things when standing
___ Tires easily (fatigues before peers, difficulty finishing assignments)

Bilateral Integration (hand dominance, efficient use of two hands together)
___ Switches hands during writing  ___ Switches hands during fine motor tasks
___ Difficulty adjusting paper when cutting  ___ Poor manipulation of dressing fasteners
___ Poor stabilization of paper when writing  ___ Difficulty with bookbag/pencil
___ Keeps work on one side of desk_________ sharpener/manipulatives/shoes

Fine Motor (grasp patterns, hand/wrist strength, in-hand manipulation)
___ Awkward grasp on pencil/scissors ___ Writing pressure too light/too heavy
___ Drops things easily  ___ Flexes wrist when writing/cutting
___ Experiences hand fatigue/pain  ___ Excessive hand perspiration
___ Poor isolation on fingers on keyboard ___ Writing not fluid

Perceptual Motor/Handwriting/Oculomotor (body perception, visual perception,  
visual motor integration, eye-hand coordination, visual focus and tracking)
___ Poor letter recognition  ___ Poor letter formation
___ Poor letter/word spacing/alignment ___ Inaccurate or slow copying/reading
___ Difficulty completing reading/writing ___ Loses place, omits words, add words
___ Poorly organized writing ___ Cannot think of what to write about
___ Poor drawing skills ___ Unable to accurately draw a person
___ Letter/word reversals (past 1st grade) ___ Difficulty coloring within boundaries
___ Difficulty staying on lines with cutting ___ Confuses right/left (past kindergarten)
___ Poor alignment of numbers in math ___ Poor memory for written directions
___ Poor spelling skills ___ Moves head back and forth while reading
___ Eye watering/rubbing/squinting ___ Poor eye-hand coordination in gym
___ Does not recognize or fix own errors well ___ Difficulty with mazes and/or dot-to-dots
___ Difficulty copying designs with manipulatives or on paper/graphs/dot maps

Sensory Processing (touch, visual processing, auditory processing, movement, body awareness)
___ Avoids or has difficulty with eye contact ___ Is easily distracted by visual stimulation
___Seems not to understand what was said  ___Seems overly sensitive to sounds
___Appears reluctant to participate in sports and games  ___Distracted by lots of noise
___Prefers to touch rather than be touched  ___Unable to follow 2-3 directions
___Avoids getting hands messy (art)  ___Often seems overly active
___Seems more sensitive to pain than others  ___Hits or pushes other children
___Complains that others hit/push him/her  ___Oblivious to bruises/heavy falls
___Difficulty making friends  ___Tends to prefer to play alone
___Has strong desire for routine/sameness  ___Intense and easily frustrated
___Has strong outbursts of anger/frustration  ___Lacks carefulness/Impulsive
___Bumps into things frequently  ___Moves in/out of chair while working
___Falls out of chair  ___Seems clumsy
___Seems to deliberately fall or tumble  ___Distracted by background noises

Motor Planning (the ability to plan and execute novel, multi-step tasks)
___Difficulty following multi-step directions  ___Performance of tasks is slow/plodding
___Difficulty initiating tasks  ___Poor task completion
___Difficulty learning new tasks  ___Poor organization skills
___Often tries to imitate others  ___Does poorly on times tests
___Has difficulty maintaining/copying rhythms  ___Has difficulty with motor tasks with several steps

What is your main area of concern:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please list any medications, medical, vision, or hearing problems:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe performance in gym, art, music:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Any additional comments/pertinent information:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If possible, please attach work samples (i.e., writing, coloring, cutting)

Name of Person Completing Form:________________________________________________
Relationship to Child:____________________________Date:__________________________