

PORTALES MUNICIPAL SCHOOLS
501 S. ABILENE
PORTALES, NM 88130

REFERRAL FOR OCCUPATIONAL THERAPY SCREENING

REFERRING PERSON _____

SCHOOL _____ DATE _____

STUDENT DATA

NAME _____ DOB _____

GRADE _____ LEVEL OF PROGRAM (If Sp. Ed.) _____

REASON(S) FOR REFERRAL:

CRITERIA LIST FOR OCCUPATIONAL THERAPY SCREENING

- _____ AVOIDS EYE CONTACT
- _____ UNABLE TO EYE TRACK IN TWO OR MORE DIRECTIONS (HORIZONTAL, VERTICAL, DIAGONAL, CIRCULAR, ETC.)
- _____ OVERLY SENSITIVE TO SOUNDS (JUMPS OUT OF CHAIR WITH LOUD NOISE; UNABLE TO TUNE OUT TRIVIAL NOISES)
- _____ AVOIDS BEING TOUCHED BY EXAMINER OR IS OVERLY AFFECTIONATE TO PEOPLE THAT ARE UNFAMILIAR
- _____ UNABLE TO DISTINGUISH COLORS AND/OR GEOMETRIC SHAPES
- _____ UNABLE TO FOLLOW DIRECTIONS GIVEN VERBALLY
- _____ TREMORS NOTED IN HANDS WHILE WORKING OR ATTEMPTING TASKS
- _____ LITTLE OR NO USE OF NON-DOMINANT HAND DURING TWO HANDED ACTIVITIES
- _____ WHEN USING ONE HAND, OPPOSITE HAND IS DRAWN UP OR TENSE
- _____ CLUMSY HANDS - UNABLE TO HOLD ONTO OBJECTS, DROPS THINGS FREQUENTLY, KNOCKS OVER OBJECTS, OR SHOWING POOR GRASPING ABILITIES
- _____ MOVES PAPER SIDE TO SIDE TO AVOID CROSSING MIDLINE, TURNS PAPER AROUND CONSTANTLY INSTEAD OF MOVING ARMS OR HANDS, KEEPS WORK ON ONE SIDE OF THE BODY WHEN TASKS ARE PRESENTED IN MIDLINE
- _____ NEGLECTS ONE SIDE OF BODY
- _____ IMPOSSIBLE TO KEEP IN SEAT; IN CONSTANT MOTION
- _____ DOES NOT KNOW BODY PARTS

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OT REFERRAL FOR SCREENING - CRITERIA LIST

- _____ UNABLE TO DISCRIMINATE BETWEEN LEFT AND RIGHT HANDS
- _____ HAS DIFFICULTY IN DRESSING AND/OR FASTENING
- _____ STUDENT UNABLE TO FEED SELF; DROOLS WHILE WORKING
- _____ POOR ORGANIZATIONAL SKILLS; DOES NOT DO ACTIVITY IN SYSTEMATIC WAY
- _____ UNABLE TO REMEMBER FACTS, HAPPENINGS, INSTRUCTIONS, OR PROCEDURES
- _____ UNABLE TO SEQUENCE ITEMS
- _____ REVERSALS OF TWO OR MORE LETTERS OR NUMBERS OF CHILD OVER SIX YEARS OF AGE WHEN COPYING FROM ANOTHER PIECE OF PAPER
- _____ EXHIBITS DIFFICULTY COMPLETING TASKS IN P.E., EXCESSIVELY CLUMSY
- _____ FEARFUL OF MOVEMENT
- _____ POOR POSTURE
- _____ AVOIDS PLAYGROUND EQUIPMENT

SPECIFIC COMMENTS/OBSERVATIONS: _____

KEEP IN MIND THAT THIS ONLY WARRANTS AN O.T. SCREENING AND DOES NOT NECESSARILY GUARANTEE SERVICES.