

# OCCUPATIONAL THERAPY REFERRAL CHECKLIST

## **GROSS MOTOR**

- \_\_\_\_\_ Seems Weaker than their peers
- \_\_\_\_\_ Difficulty with hopping, jumping, skipping and/or running compared to peers
- \_\_\_\_ Difficulty balancing on one foot
- \_\_\_\_\_ Appears stiff and awkward in his/her movements
- \_\_\_\_ Clumsy, seems not to know how to move his/her body, bumps into things, falls out his/her chair
- \_\_\_\_\_ Tendency to confuse right and left
- \_\_\_\_\_ Reluctant in playground participation and sports; prefers more sedentary activities

## FINE MOTOR (5 years and up)

\_\_\_\_\_ Poor desk posture - slumps, leans on arm, head too close to work, other hand does not hold paper

- \_\_\_\_\_ Poor pencil grasp, holds far from tip, drops pencil often
- \_\_\_\_\_ Lines drawn are too light or too dark, wobbly lines, breaks pencil often
- \_\_\_\_\_ Difficulty with coloring, drawing, copying, cutting, avoids these activities
- \_\_\_\_\_ Lack of dominance, may sometimes use the right hand to draw or may switch to the left hand

#### **ACADEMIC** (difficulties in)

- \_\_\_\_ Math
- \_\_\_\_\_ Reading
- \_\_\_\_\_ Spelling
- \_\_\_\_\_Attention issues, distractible, difficulty completing work

- \_\_\_\_\_ Poor organization, difficulty sequencing
- \_\_\_\_\_ Restless, fidgety, difficulty sitting still
- \_\_\_\_ Difficulty following directions

### SENSORY PROCESSING

### TACTILE

- \_\_\_\_\_ Seems to withdraw from touch, dislikes being cuddled
- \_\_\_\_\_ Doesn't like to get hands dirty or play with messy art media
- \_\_\_\_\_ Doesn't cooperate for grooming activities brushing teeth, cutting hair, cutting nails
- \_\_\_\_\_ Will only wear certain types of clothing
- \_\_\_\_\_ Cannot keep hands to themselves, touches everything

#### **AUDITORY**

- \_\_\_\_\_ Appears overly sensitive to sounds
- \_\_\_\_\_ Seems to talk excessively, likes to make loud sounds
- \_\_\_\_\_ Has difficulty making himself/herself understood
- \_\_\_\_\_ Has difficulty understanding you
- \_\_\_\_\_ Has difficulty understanding directions

#### VISUAL

- \_\_\_\_\_ Sensitive to light as compared to peers
- \_\_\_\_\_ Easily distracted by visual stimuli
- \_\_\_\_\_ Difficulty discriminating shapes, colors, and/or doing puzzles
- \_\_\_\_\_ Letter reversals after 1st grade
- \_\_\_\_\_ Difficulty with visual tracking

#### ORAL/OLFACORY

- \_\_\_\_\_ Picky eater, bothered by certain textures in food
- \_\_\_\_ Likes to eat the same foods

\_\_\_\_ Does not try new foods

- \_\_\_\_\_ Difficulty chewing foods
- \_\_\_\_\_ Demonstrates sensitivities to smells more than others

## VESTIBULAR

- \_\_\_\_\_ Fearful of feet leaving the ground and activities moving through space
- \_\_\_\_\_Avoids going on playground equipment
- \_\_\_\_\_ Avoids activities that challenge balance
- \_\_\_\_ Constantly moving, cannot sit still
- \_\_\_\_\_ Seeks movement, loves swings, slides, loves to spin
- \_\_\_\_\_ History of car sickness

## PROPRIOCEPTION

- \_\_\_\_\_ Clumsy, awkward, poor posture
- \_\_\_\_\_ Does not seem to know where he is moving in space, poor posture
- \_\_\_\_\_ Seeks out pushing, pulling, jumping, hoping, crashing
- \_\_\_\_\_ Overstuffs mouth with food
- \_\_\_\_\_ Has low muscle tone

#### **EMOTIONAL**

- \_\_\_\_ Does not accept changes in routine
- \_\_\_\_\_ Difficulty with transitions
- \_\_\_\_\_ Easily frustrated
- \_\_\_\_ Impulsive
- \_\_\_\_\_Acts out behaviorally, difficulty getting along with peers
- \_\_\_\_\_ Marked mood variation, may have "meltdowns
- \_\_\_\_\_ Lacks self confidence, low self esteem