

OCCUPATIONAL THERAPY REFERRAL CHECKLIST

Client Name: _____

Date of Birth _____

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 their movements
- ___ Clumsy, seems not to know how to move his/her body, bumps into things, falls out their 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 themselves 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/OLFACTORY

- ___ 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, hopping, 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*