

## 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*