

Central Kansas Cooperative in Education

Occupational Therapy Physical Therapy Referral (circle appropriate service)

REFERRAL INFORMATION:

Student: _____ Date of Request: _____

School: _____ Teacher: _____

Grade: _____ am _____ pm _____ Date of Birth: _____ Parents: _____

Diagnosis: _____

Reason for Referral:

____ Delay concerns found by play based screening team

____ Classroom teacher request

____ Transition from Part C

____ Other: _____

____ GEIP Observation Requested

____ Evaluation Requested

Date Referral signed (required) _____ GEIP or _____ Eval/Re-Eval

Follow up meeting date: _____ GEIP or _____ Eval/Re-Eval

Signature of referring school psychologist

*Please attach SIT paperwork, list of concerns, handwriting samples, etc.

OCCUPATIONAL THERAPY INFORMATION SHEET

(Please have teacher complete if requesting OT referral)

A student in your class has been referred for an occupational therapy observation or evaluation. Your input and concerns are an important part of the assessment process. Completed forms may be returned to the school psychologist or placed in the box of your school occupational therapist.

Student's Name:

Date of birth:

School:

Grade:

Teacher:

Occupational Therapist:

- 1) What fine motor or sensory processing concerns interfere with the child's classroom performance?
Please Be Specific! This is required information. (i.e. slow handwriting, improper pencil grip, no spacing between words, poor letter formation, refusal to complete work, seeking/ aversion to touch, sound, or movement, difficulty maintaining attention, difficulty staying seated)

- 2) How much time a day/week to you spend on teaching handwriting skills? _____

- 3) Have you talked to your student about your concerns and your expectations? Circle one: Yes / No.
What was the student's response? _____

- 4) What modifications or strategies have been used (or are currently used) in the classroom environment to accommodate the student's needs? (i.e. highlighted writing lines/paper; decreased amount; given additional supervised practice opportunities; adapted scissors; slant board; alternative seating, etc).

- 5) What were the results of the accommodations you have tried?

- 6) Additional comments/ concerns:

Planning period or other convenient time you can be reached to discuss concerns or set up observation

Times during the day you work on handwriting (or for sensory concerns, what are the most difficult times) that would be a good time to come and observe. My schedule puts me in a different building everyday so please be specific with days/ times. _____

Teacher's signature

Date