



Occupational Therapy Referral Information for Children 3–4 years

Metropolitan Child Development Service

Child's Name: _____ **Child's Date of Birth:** _____

This checklist should be used to provide additional information in support of a teacher referral to Occupational Therapy at Child Development Services (CDS). It should accompany a standard CDS referral form containing a description of the child's functional performance within the classroom.

1 **Motor**

- Difficulties with hand activities.
- Poor sitting posture.
- Difficulty holding pencil with thumb and fingers.
- Difficulties drawing lines, circles and faces.
- Difficulties with using two hands together in play, i.e. screwing lids, threading, folding.
- Does not use non-preferred hand to assist and stabilise.
- Immature hand function (grasp, accuracy, release, reach).
- Hands seem shaky.
- Difficulties placing fingers correctly when using scissors.
- Difficulties with holding scissors and cutting along a line (after instruction and practice).
- Difficulties with hand action songs e.g. twinkle little star.
- Difficulties with activities requiring rhythm and co-ordination e.g. clapping games.
- Difficulties with ball skills e.g. throwing/catching large ball.

2 **Sensory Processing**

- Is fearful when feet leave the ground and dislikes 'moving' playground equipment e.g. swings/trampoline.
- Frequently moves around the room and has difficulty sitting still on the mat/chair.
- Has difficulty moving around the room without banging into things or tripping over themselves.
- Has difficulty keeping hands to self.
- Dislikes being touched, getting hands dirty, and/or playing with sand, play dough and paints.
- Can get upset by loud noises and may put hands over ears.
- Puts non-food objects in mouth and suck/chew on them (toys/pencils).

3 **Cognitive/Perceptual**

- Difficulty sorting and matching colours/shapes/pictures.
- Difficulty with simple puzzles.



4 Behaviour/Personal Social (if associated with difficulties in areas 1-3)

- Difficulty separating from parent/carer.
- Dependent on adult company and support.
- Highly distractible, short attention span or impulsive behaviour.
- Overactive/ underactive or passive.
- Does not relate well to other children.
- Avoidance of new/novel tasks.
- Difficulty following the group routine.
- Difficulty transitioning between activities.
- Difficulty participating in circle type games.
- Lack of age appropriate play skills.

5 Independence Skills

- Difficulties in washing and drying hands.
- Difficulties opening containers.
- Difficulties zipping and un-zipping school bag.
- Difficulties in toileting appropriately.
- Difficulties with putting on/taking off shoes and socks independently.

6 Any other comments regarding the child's strengths or areas of difficulty?

Name: _____

Agency/School: _____

Agency/School Address: _____

Agency/School phone number: _____

Email: _____

Preferred method and time of contact: _____