



Occupational Therapy Referral Information for Children 4–6 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**

- Immature pencil grasp and/or control affecting handwriting and drawing skills.
- Difficulty printing name by copying (end of Kindy).
- Pencil pressure on paper too heavy/light.
- Difficulties with pencil control e.g. colouring in, drawing lines/shapes, tracing.
- Poor posture e.g. rests head on hand, slouches in chair when completing fine motor tasks, holds head close to paper when working.
- Does not use non-preferred hand to assist and stabilise.
- Does not demonstrate consistent hand preference.
- Hand tremor.
- Exceptionally slow to complete work.
- Avoids fine motor activities (e.g. drawing, writing, cutting).
- Difficulties with cut and paste activities.
- Difficulties with hand action songs e.g. incy wincy spider.
- Difficulties with activities requiring rhythm and co-ordination e.g. clapping games.
- Difficulties with ball skills e.g. throwing/catching.
- Difficulty with hopping, jumping and skipping.

2 **Sensory Processing**

- Is fearful when feet leave the ground and dislikes 'moving' playground equipment e.g. swings/trampoline.
- Frequently moves around the classroom and has difficulty sitting still on the mat.
- 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.
- Can get distracted by visual information in the classroom e.g. another child, posters around the room etc.
- Has difficulty finding appropriate tools in the classroom when asked e.g. scissors, glue.
- Puts non-food objects in mouth and suck/chew on them (toys/pencils).



3 Cognitive/Perceptual

- Difficulty copying simple lines and shapes (| - O + □ / \ X Δ).
- Difficulty matching colours, shapes and sizes.
- Lacks body awareness or may demonstrate poor spatial awareness in drawings.
- Difficulty with 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: _____