



Occupational Therapy Referral Information for Children 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.
- Pencil pressure on paper too heavy/light.
- Does not demonstrate definite hand preference.
- Does not use non-dominant hand to stabilise paper when writing or has difficulty ruling up a page.
- Poor posture during handwriting e.g. holds head close to paper when working, excessive body and arm movements.
- Difficulties with construction games/activities e.g. building Lego.
- Hand tremor.
- Exceptionally slow to complete work.
- Difficulties with action songs and/or rhyme songs e.g. incy wincy spider, dancing, clapping.
- Difficulties with ball skills e.g. throwing/catching.
- Movements such as hopping, jumping, skipping often look awkward/uncoordinated.
- Avoids or is slow to learn new games or movement tasks.
- Difficulties with buttons, zippers, opening containers/lunch box or tying shoelaces.

2 **Sensory Processing**

- Reacts emotionally or aggressively when touched, or getting hands dirty, playing with sand, play dough and paints.
- Has difficulty standing in line or beside other people/students.
- Is fearful when feet leave the ground and dislikes 'moving' playground equipment e.g. swings.
- Frequently moves around the classroom and has difficulty sitting still on the mat.
- 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 from the board.
- Difficulty spacing and/or forming shapes/letters correctly.
- Reverses letters more often than peers.
- Gets left/right confused more than peers.
- Lacks body awareness e.g. stumbles, bumps into things.

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

- Inappropriate, immature behaviour.
- Highly distractible, short attention span or impulsive behaviour.
- Highly active/ underactive or passive.
- Does not relate well to other children.
- Avoidance of new/novel tasks.
- Difficulty transitioning between activities.

5 Independence Skills

- Difficulties with lining-up with peers.
- Difficulties opening containers and removing food from lunchbox.
- Difficulties zipping and un-zipping school bag.
- Difficulties managing buttons, zips and other clothing fastenings.
- Unable to toilet self independently.
- Difficulties putting on socks, shoes and doing shoe fastenings.

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: _____