



# Occupational Therapy referral information for children 3 to 4 years

## Child Development Service

**Child's Name:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_

**Date completed:** \_\_\_\_\_

This checklist is designed to provide additional information to support a referral to Occupational Therapy at the metropolitan Child Development Service (CDS). It should be completed by a health or education professional with knowledge of a child obtained through direct observation over a period of time. This checklist should be accompanied by a [CDS referral form](#) containing a description of how the child functions in everyday activities.

### 1) Fine Motor

- Poor sitting posture e.g. slouches, difficulty sitting cross-legged, leans against furniture
- Immature hand function (grasp, accuracy, release, reach)
- Difficulty with hand action songs e.g. twinkle little star
- Difficulty using two hands together in play i.e. screwing lids, threading, folding
- Does not use helper hand to assist and stabilise e.g. to hold paper when drawing
- Difficulty holding a pencil with thumb and fingers
- Difficulty drawing lines, circles and faces
- Hand tremor
- Difficulty holding scissors, snipping and cutting forwards (after instruction and practice)

### 2) Sensory Processing

- Sensory preferences impacting on participation in everyday tasks (more than peers)
- Dislikes being touched, getting hands dirty and/or playing with sand, playdough and paints
- Has difficulty keeping hands to self
- 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
- Can get upset by loud noises and may put hands over ears
- Puts non-food objects in mouth to suck/chew e.g. toys/pencils
- Difficulty following the group routine



- Difficulty transitioning between activities
- Lacks body awareness e.g. stumbles, bumps into things

### 3) Play

- Difficulty sorting and matching colours/shapes/pictures
- Difficulty with simple puzzles (4-6 pieces)
- Delayed or inappropriate play skills for age

### 4) Independence Skills

- Difficulty washing and drying hands.
- Difficulty opening/closing lunchbox, containers and/or school bag
- Difficulties removing a jacket or jumper
- Difficulty toileting independently during the day
- Difficulty taking off shoes and socks independently

### 5) Additional information regarding the child's strengths or areas of difficulty:

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Name: \_\_\_\_\_

Agency/School: \_\_\_\_\_

Agency/School address: \_\_\_\_\_

Agency/School phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Please return this checklist and CDS referral form to [childdevelopmentsservice@health.wa.gov.au](mailto:childdevelopmentsservice@health.wa.gov.au)

This document can be made available in alternative formats on request for a person with a disability.

This publication is provided for general education and information purposes. Contact a qualified healthcare professional for any medical advice needed.

