Occupational Therapy referral information for children 4 to 6 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 accompany a CDS referral form containing a description of how the child functions in everyday activities.

1) Fine Motor

☐ 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 demonstrate consistent hand preference
☐ Does not use helper hand to assist and stabilise e.g. to hold paper when drawing
☐ Difficulty using two hands together in play i.e. screwing lids, threading, folding
☐ Difficulty with hand action songs e.g. incy wincy spider
☐ Difficulty using scissors and glue
☐ Immature pencil grasp impacting drawing and handwriting skills
☐ Heavy or light pencil pressure on paper
☐ Difficulty with pencil control e.g. colouring in, tracing, drawing lines/shapes
☐ Difficulty copying simple lines and shapes (Kindy: | - O + □ / \, Pre-Primary: X ∆)
☐ Difficulty printing first name by copying (by the end of Kindy)
☐ Hand tremor
☐ Exceptionally slow to complete work and/or tires quickly

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
☐ 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/chair
Can get upset by loud noises and may put hands over ears
Difficulty finding appropriate tools in the classroom when asked e.g. scissors, glue
Puts non-food objects in mouth to suck/chew e.g. toys/pencils
Lacks body awareness e.g. stumbles, bumps into things
Difficulty following the group routine
Difficulty transitioning between activities

3) Play
Difficulty matching colours, shapes and sizes
Difficulty with puzzles (Kindy: 6-9 pieces, Pre-Primary: 10-12 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
Difficulty removing/replacing a jacket or jumper
Difficulty toileting independently during the day
Difficulty putting on/taking off shoes and socks independently

5) Additional information regarding the child’s strengths or areas of difficulty:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Name: ________________________________________________________________________
Agency/School: _________________________________________________________________
Agency/School address: __________________________________________________________
Agency/School phone number: _____________________________________________________
Email: ________________________________________________________________________

Please return this checklist and CDS referral form to childdevelopmentservice@health.wa.gov.au

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