



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 Δ)
- 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 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.

