



Occupational Therapy referral information for children 6 years+

Child Development Service

Child's Name: _____ **Child's Date of Birth:** _____

Date completed: _____

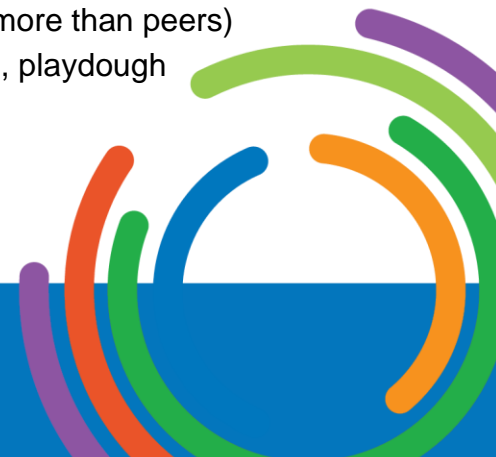
This checklist is designed to provide additional information to support a referral to Occupational Therapy at the metropolitan Child Development Service (CDS). It should be completed by a health or education professional with knowledge of a child obtained through direct observation over a period of time.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

1) Fine Motor/Handwriting

- Poor posture when seated at a desk e.g. rests head on hand, slouches in chair, holds head close to paper
- Does not demonstrate a hand preference
- Does not use helper hand to assist and stabilise paper e.g. when writing or ruling up
- Immature pencil grasp and/or control impacting drawing and handwriting skills
- Heavy or light pencil pressure on paper
- Hand tremor
- Difficulty forming letters/numbers correctly and spacing words
- Difficulty copying from the board
- Reverses letters more often than peers
- Exceptionally slow to complete written work and/or tires quickly
- Difficulty with construction games/activities e.g. building Lego, folding paper
- Difficulty learning and/or refining new movement tasks

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
- Difficulty standing in line or beside other people/students



- 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

3) Independence Skills

- Difficulty opening/closing lunchbox, containers and/or school bag
- Difficulty managing buttons, zips and other clothing fastenings
- Unable to toilet independently
- Difficulty putting on socks, shoes and doing shoe fastenings

4) 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.

