## OCCUPATIONAL THERAPY SCREENING – SECONDARY

**STUDENT REFERRAL FORM**

**TO BE COMPLETED BY TEACHER:**

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<th>Date:</th>
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### CLASSROOM SKILLS CHECKLIST – Check areas of difficulty:

#### Visual Motor/Visual Perceptual Skills:
- [ ] Writing is illegible/sloppy
- [ ] Is consistently behind peers when copying information/note taking
- [ ] Written work lacks organization/structure on the page or unable to line up math problems correctly
- [ ] Difficulty with the organization or layout of poster projects (poor spacing and sizing)
- [ ] Frequently reverses letters and numbers
- [ ] Copies words with lack of spacing
- [ ] Copies information from chalkboard or overhead projector incorrectly

#### Management of School Supplies:
- [ ] Desk/Locker is disorganized
- [ ] Disorganized and always unable to find needed papers easily
- [ ] Difficulty with opening locker, managing books, book bag and supplies
- [ ] Difficulty carrying cafeteria tray and opening containers

#### Sensory Processing:
- [ ] Difficulty following classroom routine
- [ ] Difficulty following multi-step directions
- [ ] Difficulty visually attending to teacher for lessons
- [ ] Poor writing posture (lacks feet flat on floor, hips back in seat, head up but comfortable, height of desk at slightly above elbows)
- [ ] Fidgets in chair during lessons
- [ ] Constantly touching/fidgeting with things
- [ ] Dislikes touching messy fixtures (i.e., paint and glue)

#### Additional Concerns:

### APPROVAL TO PROCESS:

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<th>Signature Special Education/Student Services:</th>
<th>Date:</th>
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**Send to:** AUSTILL'S REHABILITATION SERVICES  
Attention:  
Date to Austills Rehabilitation Services: __________________________