



# SCHOOL BASED REHABILITATION SERVICES

## Occupational Therapy Teacher Checklist

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[www.pathwayscentre.org](http://www.pathwayscentre.org)

**\*Please attach and submit with Principal Referral form**

STUDENT INFORMATION:	
<b>Name:</b>	<b>Date of Birth:</b> <span style="float: right;">(dd/mm/yyyy)</span>
<b>The following referral criteria MUST BE MET to proceed with referral:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Concern is related to student's ability to access or participate in the curriculum (see Areas of Concern below)</li> <li><input type="checkbox"/> In-school teams have been considered and/or consulted for internal resources/supports for concerns related to: self-injurious behaviours, flight risk, property destruction, aggression and/or mental health prior to initiating this referral.</li> <li><input type="checkbox"/> Caregiver has consented to this referral and agrees to support implementation of recommendations provided by Occupational Therapist.</li> <li><input type="checkbox"/> Referral has been reviewed with SBRS OT prior to submission.</li> </ul>	
Prioritize top 3 goals for this referral?	
1.	
2.	
3.	
AREAS OF CONCERN AFFECTING CURRICULUM ENGAGEMENT & PARTICIPATION:	
(Select all that apply and provide additional information when necessary)	
Sensory (Must significantly impact participation or have other areas of concern)	
<input type="checkbox"/> Responds negatively to: <input type="checkbox"/> touch <input type="checkbox"/> noise <input type="checkbox"/> taste <input type="checkbox"/> texture of food <input type="checkbox"/> clothing <input type="checkbox"/> other: <input type="checkbox"/> Difficulty sitting still; may fidget, rock, turn during meals or when doing school work <input type="checkbox"/> Frequently tries to escape the classroom environment <span style="margin-left: 100px;"><input type="checkbox"/> Overly sensitive to noises, lights, movement</span>	
Executive Functioning Skills	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Approaches tasks in an unorganized/impulsive manner  <input type="checkbox"/> Unable to complete multistep activities (age appropriate)  <input type="checkbox"/> Does not persist when performing a challenging task  <input type="checkbox"/> Difficulty following written directions  <input type="checkbox"/> Struggles with transitions between tasks  <input type="checkbox"/> Has difficulty following classroom rules/routines  <input type="checkbox"/> Has difficulty initiating/completing work independently                 </div> <div style="width: 48%;"> <input type="checkbox"/> Struggles to focus in the presence of distraction  <input type="checkbox"/> Unable to remain seated for class work  <input type="checkbox"/> Difficulty following verbal directions  <input type="checkbox"/> Unable to keep track of personal belongings  <input type="checkbox"/> Does not complete work in a timely manner  <input type="checkbox"/> Desk and school materials are unorganized                 </div> </div>	
Self-Care Skills	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Safety concerns with bathroom/equipment for toileting  <input type="checkbox"/> Lack of independence with toileting skills  <input type="checkbox"/> Trouble removing/putting on clothing during toileting  <input type="checkbox"/> Limited independence to feed self during lunch/snacks                 </div> <div style="width: 48%;"> <input type="checkbox"/> Struggles to put on/remove outdoor clothing  <input type="checkbox"/> Struggles with fasteners (zippers, buttons, snaps)  <input type="checkbox"/> Struggles to open containers for lunch/snacks  <input type="checkbox"/> Poor level of hygiene                 </div> </div>	
Social Skills and Emotional Regulation (Must significantly impact participation or have other areas of concern)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Difficulty engaging in age-appropriate play with peers by self  <input type="checkbox"/> Has outbursts or becomes aggressive with frustration  <input type="checkbox"/> Difficulty resolving conflict without teacher intervention  <input type="checkbox"/> Demonstrates limited imagination/creativity during play                 </div> <div style="width: 48%;"> <input type="checkbox"/> Does not spend time with friends when possible  <input type="checkbox"/> Struggles to maintain appropriate "personal space"  <input type="checkbox"/> Interacts or participates in groups less than others                 </div> </div>	



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

D.O.B: \_\_\_\_\_

**Handling Materials and Manipulatives**

- |  |   |
|--|---|
| <input type="checkbox"/> Inconsistent hand preference  | <input type="checkbox"/> Difficulty assembling puzzles                    |
| <input type="checkbox"/> Non-functional scissor grasp or poor cutting accuracy   | <input type="checkbox"/> Does not use age appropriate detail when drawing |
| <input type="checkbox"/> Non-functional pencil grasp/pressure ( <input type="checkbox"/> heavy <input type="checkbox"/> light) | <input type="checkbox"/> Difficulty using regular keyboard successfully   |
| <input type="checkbox"/> Weak pencil control for drawing, tracing, colouring   |   |
| <input type="checkbox"/> Struggles to manipulate tools (eraser, math/art/science materials)                                    |   |

**Written Communication**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Poor letter formation  | <input type="checkbox"/> Print size is large              | <input type="checkbox"/> Illegible printing |
| <input type="checkbox"/> Does not complete written work in a timely manner  | <input type="checkbox"/> Weak spelling OR literacy skills |   |
| <input type="checkbox"/> Refusal to complete writing tasks  | <input type="checkbox"/> Printing contains reversals      |   |
| <input type="checkbox"/> Print has poor spatial organization (spacing, use of baseline, discriminative letter sizing and placement) |   |   |

**Engagement in Curriculum**

Is student meeting grade-level expectations?     Yes                       No

If no, please explain further: \_\_\_\_\_

**What time of day is most challenging?**

	Time(s)		Time(s)		Time(s)
<input type="checkbox"/> 1 <sup>st</sup> block		<input type="checkbox"/> Midday		<input type="checkbox"/> Last block	
<input type="checkbox"/> Outdoor recess/gym		<input type="checkbox"/> Indoor recess/gym		<input type="checkbox"/> Other (*Elaborate):	

Describe in detail: \_\_\_\_\_

Please check appropriate box if strategy has been tried:	Unsuccessful	Sometimes Works	Always Works
EA for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Breaks	<input type="checkbox"/> As needed <input type="checkbox"/> Time(s):	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Sensory Room <input type="checkbox"/> Time(s):	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other (*Elaborate):	<input type="checkbox"/>	<input type="checkbox"/>
Modified /Specialty Seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AAC/PECs for communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Support (e.g. Schedule/Letter Strip/Sight Words)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Learning Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scribe for Written Output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology for Written Output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**List current equipment in place to support the student.**

\_\_\_\_\_

**Please comment on student Safety Concerns:**

- |  |   |
|--|---|
| <input type="checkbox"/> Equipment unsafe/poor fit             | <input type="checkbox"/> Struggles with transfers/mobility      |
| <input type="checkbox"/> Demonstrates self injurious behaviour | <input type="checkbox"/> Aggression towards peers and/or adults |
| <input type="checkbox"/> Makes unsafe choices/unsafe impulses  | <input type="checkbox"/> Seeking dangerous activities           |
| <input type="checkbox"/> Demonstrates explosive behaviour      | <input type="checkbox"/> Exit-Seeking Behaviours                |
| <input type="checkbox"/> Other (describe in detail):           | <input type="checkbox"/> Property Destruction                   |



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Student Name:

D.O.B:

<b>Additional Information/Comments:</b>

<b>SERVICE HISTORY:</b>	
Has the student previously received SBRS OT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Discharge:
Has the school been using the strategies developed by the therapist and are they still working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you connected with parents and previous teachers to review interventions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What has changed? Describe in detail.	

<b>Completed by:</b>			<b>Date:</b>		
<b>Email:</b>		<b>Phone:</b>		<b>Ext:</b>	
<b>School:</b>					
<b>Signature:</b>					

**Note: Not all items checked above will be treated by an SBRS therapist;  
Based on the concerns identified, needs will be prioritized.**