



# OCCUPATIONAL THERAPY PRE-REFERRAL CHECKLIST

Complete this checklist prior to making a OT referral  
Use this checklist to guide you when comparing this child to others of similar age

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

Date: \_\_\_\_\_

Student's Home District: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

Please check the areas in which this child significantly stands out from age-related peers.

Body in Space Skills	
<input type="checkbox"/>	↓ Ability to stay seated in chair
<input type="checkbox"/>	↓ Sitting tolerance on floor
<input type="checkbox"/>	Waiting/walking in line: touches walls, leans on others
<input type="checkbox"/>	↓ Space between self and others in line, classroom & unstructured spaces
<input type="checkbox"/>	Difficulty navigating playground
<input type="checkbox"/>	Seeks movement/constant motion
Comments: _____	

Functional School Skills	
<input type="checkbox"/>	↓ Management of clothing in bathroom
<input type="checkbox"/>	Difficulty washing hands
<input type="checkbox"/>	↓ Management of coat/hat/mittens
<input type="checkbox"/>	↓ Management of backpack/lunchbox
<input type="checkbox"/>	↓ Walking with tray in cafeteria
<input type="checkbox"/>	↓ Ability to handle transitions
Comments: _____	

Fine Motor Skills	
<input type="checkbox"/>	↓ Management of clothing fasteners
<input type="checkbox"/>	↓ Ability to tie shoe
<input type="checkbox"/>	↓ Ability to open snack and drink containers
<input type="checkbox"/>	Incorrect pencil grasp, changes grasp, too tight
<input type="checkbox"/>	↓ Coloring accuracy, unable to color in lines
<input type="checkbox"/>	↓ Line orientation, can't write on lines
<input type="checkbox"/>	No hand dominance established (> 6 years old)
<input type="checkbox"/>	Does not stabilize paper with helper hand
<input type="checkbox"/>	↓ Skills when sharpening pencil
<input type="checkbox"/>	↓ Ability to manage coins
<input type="checkbox"/>	↓ Scissors skills: snip, cut on line, cut circle
Comments: _____	

Gross Motor Skills	
<input type="checkbox"/>	Clumsy, stiff awkward and/or falls frequently
<input type="checkbox"/>	Confuses right and left
<input type="checkbox"/>	Difficulty coordinating both sides of body
<input type="checkbox"/>	Does not alternate feet on stairs
<input type="checkbox"/>	Poor posture standing/sitting, slumps in chair
<input type="checkbox"/>	Reluctant to participate in gym/recess
<input type="checkbox"/>	Seems weaker and tires more easily than peers
<input type="checkbox"/>	Difficulty with rhythmic clapping/alternating movements
Comments: _____	

Visual Motor/Visual Perceptual	
<input type="checkbox"/>	↓ Legibility/fluidity of handwriting
<input type="checkbox"/>	↓ Quality of pencil pressure on paper
<input type="checkbox"/>	Difficulty discriminating colors/shapes
<input type="checkbox"/>	↑ Frequency of letter/number reversals
<input type="checkbox"/>	Holds head close to paper
<input type="checkbox"/>	Move head instead of eyes when following objects
<input type="checkbox"/>	Loses place reading & copying from board
Comments: _____	

Sensory Processing Skill	
<input type="checkbox"/>	↓ Tolerance of noise, bright lights, ↑room activity
<input type="checkbox"/>	↓ Tolerance of tactile sensations, inappropriate
<input type="checkbox"/>	↓ Tolerance of movement, fearful
<input type="checkbox"/>	Engages in self-stimulatory behavior
<input type="checkbox"/>	↓ Ability to plan new movement patterns
<input type="checkbox"/>	Does not accept changes in routine easily
Comments: _____	

Organizational Skills	
<input type="checkbox"/>	↓ Ability to locate desired item in desk
<input type="checkbox"/>	↓ Paper management skills
<input type="checkbox"/>	↓ Neatness of desk/folders/backpack
<input type="checkbox"/>	↓ Follows class schedule; homework done, timely
<input type="checkbox"/>	↓ Ability to sequence thoughts/objects
Comments: _____	

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_