

Occupational Therapy Screening Request

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

This form is to be used when classroom strategies have proven unsuccessful in supporting the student's participation in the areas identified below.

Please check the areas in which the student is not fully participating

- ☐ **Personal Care-** feeding, toileting, hygiene, managing personal belongings
- ☐ **Student Role/Interaction-** following classroom/school/bus/cafeteria protocols and routines, respecting the space/time/materials of others, staying seated
- ☐ **Learning Academics/Process Skills-** following demonstrations, copying models, carrying out verbal directions, attending to instruction, using classroom tools, completing assignments
- ☐ **Play-** taking turns, imaginative play, sharing materials, exploring new play ideas/opportunities
- ☐ **Community Integration/Work-** field trips, school-related vocational training
- ☐ **Verbal/Non-Verbal Communication-** requesting help, making needs/wishes known, negotiating peer relationships, following directions
- ☐ **Graphic Communication-** handwriting, keyboarding, coloring
- ☐ **Other (explain)** _____

For each of the areas checked above, please identify specific ways the student requires more assistance than peers in order to participate in that area.

For each of the areas checked above, please identify specific strategies that have been used and proven unsuccessful in helping this student participate in that area.

Name/Title

Date