

## REFERRAL/REQUEST FOR OCCUPATIONAL THERAPY EVALUATION

**PROCEDURE:** This form is to be used by the SAP or EC team, when classroom strategies have proven unsuccessful in supporting the student's participation in the areas identified below. For best results, an occupational therapist should be present for the pre-evaluation meeting when this referral and Permission to Evaluate (DEC-2) are completed and signed by the team. Upon receipt of the referral, the occupational therapist will respond to the EC Facilitator or 504 Coordinator in writing regarding an estimated completion date, if the referral is deemed appropriate. Completion of evaluations in response to referrals received less than 30 days from the placement or re-evaluation meeting date cannot be guaranteed. Referrals will be returned if items are left blank or if signed by only one person.

DATE REFERRAL GENERATED: \_\_\_\_/\_\_\_\_/\_\_\_\_ SCHOOL: \_\_\_\_\_

DATE PERMISSION TO EVALUATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_ TEACHER: \_\_\_\_\_

DATE REFERRAL RECEIVED BY OT: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE/RM#: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT SSN# \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

When is the classroom teacher available for a 15-30 minute interview? \_\_\_\_\_

When is the student available for separate assessment, if needed?

*Check the evaluation process the team is conducting for this student:*

- ☐ INITIAL EC EVALUATION  
☐ EC RE-EVALUATION  
☐ 504 EVALUATION  
☐ OTHER (*explain*) \_\_\_\_\_

If this student is already eligible for services through Exceptional Children's Program, list:

AREA OF ELIGIBILITY: \_\_\_\_\_ IEP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CURRENT EC SERVICES/TYPE/FREQUENCY/DURATION:

\_\_\_\_\_

List this student's strengths:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check each of the areas in which this student is not fully participating:

- ☐ Personal Care (feeding, toileting, dressing, hygiene, managing personal belongings, personal organization)
- ☐ Student role/Interaction Skills (following classroom/specials/school/bus/cafeteria protocols & routines, safety awareness, respecting the space/time/materials of others, staying seated, requesting help, making needs/wishes known social awareness, building/maintaining relationships)
- ☐ Learning academics/Process skills (following demonstrations, copying models, carrying out verbal directions, attending to instruction, using classroom tools, managing materials, completing assignments)
- ☐ Play (turn-taking, imaginative play, sharing materials, exploring new play ideas/opportunities)
- ☐ Community Integration/Work (fieldtrips, school-related vocational training)
- ☐ Graphic communication (handwriting, keyboarding, drawing, art production)
- ☐ OTHER (explain) \_\_\_\_\_

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

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

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TEAM SIGNATURES:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date