Central Kansas Cooperative in Education

Occupational Therapy/Physical Therapy Referral

(circle appropriate service)

**REFERRAL INFORMATION:**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Grade: \_\_\_\_\_ am\_\_\_\_ pm\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_ Parents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral:

 \_\_\_Delay concerns found by play based screening team

 \_\_\_Classroom teacher request

 \_\_\_Transition from Part C

 \_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_GEIP Observation Requested \_\_\_\_Evaluation Requested

Date Referral signed (required)\_\_\_\_\_\_\_GEIP or \_\_\_\_\_\_Eval/Re-Eval

Follow up meeting date: \_\_\_\_\_\_\_ GEIP or \_\_\_\_\_\_\_\_Eval/Re-Eval

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of referring school psychologist

\*Please attach SIT paperwork, list of concerns, handwriting samples, etc.

**OCCUPATIONAL THERAPY INFORMATION SHEET**

**(Please have teacher complete if requesting OT referral)**

A student in your class has been referred for an occupational therapy observation or evaluation. Your input and concerns are an important part of the assessment process. Completed forms may be returned to the school psychologist or placed in the box of your school occupational therapist.

Student’s Name**:**  Date of birth:

School: Grade:

Teacher: Occupational Therapist:

1. What fine motor or sensory processing concerns interfere with the child’s classroom performance? *Please Be Specific! This is required information. (*i.e. slow handwriting, improper pencil grip , no spacing between words, poor letter formation, refusal to complete work, seeking/ aversion to touch, sound, or movement, difficulty maintaining attention, difficulty staying seated)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much time a day/week to you spend on teaching handwriting skills? \_\_\_\_\_\_

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1. Have you talked to your student about your concerns and your expectations? Circle one: Yes / No. What was the student’s response? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What modifications or strategies have been used (or are currently used) in the classroom environment to accommodate the student’s needs? (i.e. highlighted writing lines/paper; decreased amount; given additional supervised practice opportunities; adapted scissors; slant board; alternative seating, etc).

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1. What were the results of the accommodations you have tried?

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1. Additional comments/ concerns:

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Planning period or other convenient time you can be reached to discuss concerns or set up observation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Times during the day you work on handwriting (or for sensory concerns, what are the most difficult times) that would be a good time to come and observe. My schedule puts me in a different building everyday so please be specific with days/ times.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teacher’s signature Date