**CHECKLIST FOR REFERRAL TO OCCUPATIONAL THERAPY**

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| **SKILLS** |
| **Fine motor**  | **Gross motor**  | **Personal care**  | **Social Emotional**  |
| * Colouring
* Drawing
* Cutting,
* Handwriting: legibility
* Handwriting: speed
* Writing: organisation
 | * Ball skills
* Climbing
* Hopping
* Balance
* Coordination
* Strength
 | * Dressing
* Eating
* Managing containers
* Toileting
* Hygiene
* Blowing nose
* Using bubbler
* Keeping belongings organised
 | * Playground participation
* Making friends
* Keeping friends
* Being aware of others’ feelings
* Managing own feelings
* Being resilient
* Controlling impulses
 |
| **MECHANICAL ABILITIES** |
| * Hand dominance
* Pencil grip
* Pencil control
* Muscle pain when handwriting
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| **SENSORY PROCESSING ABILITIES** |
| * Auditory e.g. is distressed by loud sounds, makes unusual sounds
* Visual e.g. is distracted by visuals, distressed by bright / dimmed light
* Touch e.g. doesn’t tolerate dirt, paint etc. on hands, doesn’t like to be

 touched* Taste e.g. has rigid tastes, licks non-food objects
* Smell e.g.is distressed by odours
* Proprioception e.g. uses excessive force, hops or bounces instead of walking
* Vestibular e.g. rocks in chair, leans or slumps on furniture, appears clumsy
 |
| **EXECUTIVE FUNCTIONING ABILITIES** |
| * Perceive e.g. not noticing what is happening, staying focussed,

 not focussing on important detail* Recall e.g. not knowing when, where and what to do for familiar tasks,

 not remembering instructions, rules or steps for tasks* Plan e.g. not keeping goal of task in mind, being ready to start,

 not anticipating, problem solving* Perform e.g. not persevering, completing tasks within expected time frames,

 not coping with transitions, not monitoring behaviour |

 Skills and underlying abilities observed to be a difficulty – Name: \_\_\_\_\_\_\_\_\_\_\_\_