**CHECKLIST FOR REFERRAL TO OCCUPATIONAL THERAPY**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_