

Otsego Northern Catskills BOCES

Itinerant and Related Services



Kimberlea E. Curran, Supervisor
Otsego Area Occupational Center
1914 Cty Rte 35 Milford, NY 13807
607-286-7715 ext 2608/2701
607-286-9603 Fax

OCCUPATIONAL THERAPY EVALUATION REFERRAL FORM

(please fill out all student information)

Date: _____ DOB: _____
Student: _____ Gender: _____
School District: _____ Parents: _____
School Attending: _____ Address: _____
Teacher: _____
Grade: _____ Phone: _____
Referred By: _____

Reason for Referral: _____

Please use the following form to describe educationally relevant areas of concern for Occupational Therapy to assess. Place an **X** before all items which seem to describe characteristics of the student in question, given your knowledge of the student's performance. You can attach any additional reports/work samples you feel would be helpful.

I. Fine Motor

- Difficulty drawing, coloring, copying, cutting, tracing; avoidance of these activities
- Handwriting shows reversals, poor spatial organization, poor letter formation, etc.
- Lacks well established dominance
- Difficulty manipulating small objects (pegs, beads, money, etc.)

Additional Comments: _____

II. Motor Planning/Organization

- Difficulty drawing, coloring, copying, cutting, tracing; avoidance of these activities
- Handwriting shows reversals, poor spatial organization, poor letter formation, etc.
- Lacks well established dominance
- Difficulty manipulating small objects (pegs, beads, money, etc.)

OCCUPATIONAL THERAPY EVALUATION REFERRAL FORM

II. Motor Planning/Organization (Cntd.)

Additional Comments: _____

III. Activities of Daily Living

- Difficulty manipulating fasteners (i.e., zippers, snaps, buttons, shoe laces, etc.)
- Difficulty putting on/removing coat, hat, gloves, etc.
- Difficulty manipulating eating utensils, opening containers (thermos, milk carton)

Additional Comments: _____

IV. Sensory Processing

- Avoids tactile activities such as sandbox, playdough, finger paints, etc.
- Seems to touch everything/can't keep hands to self
- Dislikes being hugged or touched
- Fearful of activities moving through space (swings, teeter totter, etc.)
- Excessive craving for swinging, bouncing, slides, merry-go-rounds
- Seems to tire easily, poor sitting posture

Additional Comments: _____

Any additional information you think is relevant not discussed above:

Note: Evaluation cannot be performed without parent consent.

**Otsego Northern Catskills BOCES
Itinerant and Related Services**



Kimberlea E. Curran, Supervisor
Otsego Area Occupational Center
1914 Cty Rte 35 Milford, NY 13807
607-286-7715 ext 2608/2701
607-286-9603 Fax

OCCUPATIONAL THERAPY PARENT CONSENT FORM

Student Name: _____

Please place an **X** in the appropriate box.

Yes,
I give you permission to do an Occupational Therapy evaluation of my
child and to speak to his/her teachers.

No,
I do not give you permission to do an Occupational Therapy evaluation

Please sign and date. Thank you.

Signature: _____

Date: _____