



School Referral form for OT services: Elementary School Age

Student Name: _____ DOB: ____/____/____

School: _____ Teacher: _____ Grade: _____

Teacher Instructions: Check all boxes that apply, review form with the child's parent/guardian, sign, date and submit to parent/guardian

Parent Instructions: Review form with child's teacher, sign, date, and submit this form to Sprocket Therapy Solutions via email or fax. A Sprocket therapist will contact you soon after receiving this form to either set up a free screen to determine the need for services or an evaluation to begin receiving OT services.

FINE MOTOR

- Difficulty drawing, coloring, copying, cutting, avoidance of these activities
- Awkward pencil grasp
- Lines drawn are wobbly, written work is too dark/light; breaks pencil frequently
- Written work is slow and labored
- Tires easily when writing
- Difficulty manipulating scissors
- Difficulty with buttons, zippers, ties, snaps
- Difficulty manipulating small objects

VISUAL MOTOR

- Difficulty coloring in the lines
- Difficulty cutting on the line, cuts off corners
- Unable to copy simple designs (circle, square, triangle)
- Difficulty staying on the line when writing

VISUAL PERCEPTUAL

- Difficulty naming or matching colors, shapes, or sizes
- Difficulty in completing puzzles; uses trial and error for placement of pieces
- Reversals pictures or letters after first grade
- Poor formation of letters
- Poor spacing between letters/words
- Difficulty keeping place in reading
- Difficulty copying from workbook/blackboard

GROSS MOTOR

- Seems weaker or tires more easily than same-aged children
- Difficulty with hopping, jumping, skipping, or running compared to same-aged children
- Movements are stiff and awkward
- Clumsy; bumps into things

ACADEMIC/ ORGANIZATIONAL BEHAVIOR

- Becomes easily frustrated
- Cannot work independently
- Difficulty interacting with peers
- Difficulty organizing work space
- Difficulty problem-solving

AUDITORY LANGUAGE

- Overly sensitive to noise
- Makes strange noises often, talks excessively
- Distracted by background noise
- Difficulty understanding verbal directions
- Does not follow 2-3 step commands independently

MOVEMENT AND BALANCE/ SENSORIMOTOR BEHAVIOR

- Poor seated posture (slumps, leans on arm, head too close to work, sits on legs)
- Falls down frequently
- Appears to be in constant motion, unable to sit still for an activity
- Poor balance in motor activities

TACTILE (TOUCH) SENSATION

- Seems overly sensitive to touch
- Has trouble keeping hands to self, will poke or push other children, touches things constantly
- Avoids getting hand messy (clay, finger paint, paste, sand)
- Seems unaware of being touched or bumped
- Has trouble remaining in group situations, standing in line

ACADEMIC DIFFICULTIES

- Reading
- Math
- Spelling
- Writing

Comments: _____



Teacher's Name (please print):

Teacher's Signature:

date: _____

Parent/Guardian's Name (please print):

Parent/Guardian's Signature:

date: _____

Parent phone #: _____

Parent email address: _____

**Please submit this form to Sprocket Therapy Solutions via:
Fax #: 615 - 226 - 2839 or email: OT@sprockettherapy.com**