



## Classroom Screening Checklist

### ★ Prior to Referral for OT/PT Evaluation ★

PLEASE PRINT

Student's Name \_\_\_\_\_ Initial Date \_\_\_\_\_

Form completed by \_\_\_\_\_ Position \_\_\_\_\_

Pre-referral checklist will assist in clarifying academic achievement and functional performance concerns. If the child has overall difficulty in one category, or shows several items posing difficulty, this may indicate the need for implementing one or more strategies from the attached instructional packet.

**After 30 calendar days** of using the attached strategies, complete post-assistance section. If observed skills are not emerging, then initiate OT/PT referral with LEA.

**List or attach a copy of the educational relevancy according to individualized student curriculum within the classroom setting that you feel cannot be met without the support of an Occupational and or Physical therapist(i.e., educational goal(s) and/or objectives from the student's IEP).**

I. WRITTEN WORK			
		Needs Assistance	Improvement
	Hand dominance: Left ____ Right ____ Alternates ____		
	Pencil grasp: Awkward/Poor	Yes No	Yes No
	Pencil pressure: Lines too dark, lines too light	Yes No	Yes No
	Student imitates scribble: Horizontal, vertical, circular direction	Yes No	Yes No
	Can imitate or copy a: Vertical line, horizontal line, cross (+)	Yes No	Yes No
	Can imitate or copy a: Circle, square, right/left diagonal(/ \)	Yes No	Yes No
	Difficulty with recall of letters/numbers	Yes No	Yes No
	Difficulty with reversals of letters/numbers	Yes No	Yes No
	Difficulty with omission/out of sequence of letters/numbers	Yes No	Yes No
	Inconsistent letter/word placement on line	Yes No	Yes No
	Inconsistent letter/word sizing and spacing	Yes No	Yes No
	Difficulty printing with name: imitating, tracing, and/or copying	Yes No	Yes No
	Written work unorganized on page	Yes No	Yes No
	Difficulty with copying material from blackboard or textbook	Yes No	Yes No
II. SCISSORING			
	Places scissors correctly on fingers	Yes No	Yes No
	Can they open and shut appropriately	Yes No	Yes No
	Can snip paper	Yes No	Yes No
	Cuts 3-4 inch strip along stimulus line	Yes No	Yes No
	Cuts on curved paths turning paper with assistor hand ( / \ L)	Yes No	Yes No
	Cuts on stimulus line with irregular turns ( ∩ U)	Yes No	Yes No
	Cuts out simple figures (circle, square, triangle)	Yes No	Yes No
	Cuts out complex figures (tree, house, fish)	Yes No	Yes No

Cutting technique: Snip \_\_\_\_ Smooth cutting \_\_\_\_ Jagged cutting \_\_\_\_

III. FUNCTIONAL MOBILITY			
		Needs Assistance	Improvement
	Difficulty managing stairs, negotiating ramps or bus access (on and off bus)	Yes No	Yes No
	Unusual walking or running patterns	Yes No	Yes No
	Reluctant or unable to use/access playground equipment, participate in games or gym class/non-level surfaces.	Yes No	Yes No
	Can open/close/ and move through all doors	Yes No	Yes No
	Can position and move through all work stations	Yes No	Yes No
	Can access all work materials	Yes No	Yes No
	Consistently uses poor posture (sitting at desk, floor; walking)	Yes No	Yes No
	Can sit at lunch table	Yes No	Yes No
	Bumps into things, falls out of chair	Yes No	Yes No
	Falls frequently	Yes No	Yes No
	Carry materials within and to and from classroom & lunchroom	Yes No	Yes No
	Transitions floor/chair	Yes No	Yes No
	Can maneuver in tight space, move around obstacles	Yes No	Yes No
	Difficulty keeping up with peers, tires easily, has low endurance	Yes No	Yes No
	Can travel required distance within school environment	Yes No	Yes No
	Unable to organize body to complete a task or move through a sequence (clumsy, jerky, awkward)	Yes No	Yes No
	Can move through crowded hallway	Yes No	Yes No

IV. SENSORY PROCESSING			
		Needs Assistance	Improvement
	Bothered by loud sounds or loud noisy environments	Yes No	Yes No
	Bothered by bright lights	Yes No	Yes No
	Easily distracted by sounds or movement in the room	Yes No	Yes No
	Misses verbal directions more than peers	Yes No	Yes No
	Poor or inconsistent eye contact	Yes No	Yes No
	Moves about classroom more than other students	Yes No	Yes No
	Difficulty staying in seat during classroom tasks, fidgety	Yes No	Yes No
	Always touching and manipulating objects, wants to feel everything	Yes No	Yes No
	Touches other students frequently	Yes No	Yes No
	Has difficulty standing in line near others	Yes No	Yes No
	Resistive to engaging in messy tasks, does not tolerate messy hands	Yes No	Yes No
	Distressed by changes in plans or routine	Yes No	Yes No
	Has difficulty shifting gears from one activity to another	Yes No	Yes No

**Does student have a paraprofessional? Y N**

**Adaptive equipment: If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

**Strategies Utilized** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Person completing form

**REVIEWED BY DISTRICT LIAISON** \_\_\_\_\_