

## Request for Intervention

Intervention Requested (check one):       Observation       Evaluation  
For an evaluation, please note the date of any previous observation: \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender:    M      F    Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Referring Team: \_\_\_\_\_

Parent Notification of Team's Request for OT or PT Intervention Date: \_\_\_\_\_ OT    PT  
*(Note: Written parent permission required for evaluation)*

Administrative Approval: \_\_\_\_\_ Date: \_\_\_\_\_

### Current Services

Current Placement:      Regular Classroom      Resource Program  
Program (specify): \_\_\_\_\_

Teaching Assistant:      No      1:1      In Classroom

Related Services (e.g. Speech/Language, Social Work, etc.): \_\_\_\_\_

Other Supports in Place (e.g. braces, splints, eyeglasses, hearing aids): \_\_\_\_\_

Mode of Communication: \_\_\_\_\_

What educational need(s) do you hope to address as a result of this intervention? \_\_\_\_\_

### PREVIOUS INTERVENTIONS IMPLEMENTED AND RESULTS

| <u>Area of Concern</u> | <u>Interventions Attempted</u> | <u>How Long?</u> | <u>Results</u> |
|------------------------|--------------------------------|------------------|----------------|
|                        |                                |                  |                |

|  |
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| <b>Survey of Student's Skills</b><br><i>(Please check all statements that apply)</i> |
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**General Behavior**

Short attention span  
 Attention and behavior  
 better a.m. than p.m.  
 Impulsive; high activity level  
 Unable to maintain visual contact  
 with objects

Aggressive behavior  
 Negative responses to crowds or unexpected touch  
 Self-stimulating, repetitive, or stereotypic behaviors  
 Fearful; avoids taking risks  
 Uncontrollable outbursts

**Comments:****Ability to Maintain or Endure Upright Position**

Puts head down on desk often  
 Falls frequently from seated position  
 Requires adaptive devices to sit  
 independently

Requires adaptive devices to stand independently  
 Maintains/tolerates standing position less  
 than 20 minutes, even with assistive devices  
 Maintains/tolerates seated position less than 20  
 minutes, even with assistive devices

**Comments:****Ability to Participate in Active Play**

Reluctant to participate in  
 sports/physical activity

Limited activity during recess  
 Generally appears to tire easily

**Comments:****Transitions and Ability to Move Through Environment**

Difficulty getting in and out of desk  
 Difficulty getting on and off bus  
 Requires assist to change position  
 Uses adaptive equipment to move  
 through hallways or classroom  
 Unable to use stairs safely  
 Endurance insufficient for school related  
 activities

Difficulty with toilet transfers  
 Instability when walking on changing ground surfaces  
 Frequently late to class  
 Unsteady when standing or walking; falls easily  
 Requires adaptations in order to participate in  
 physical education  
 Clumsy; stiff, awkward, bumps into things

**Comments:**

**Ability to Follow Instruction & Solve Problems**

Follows a maximum of \_\_\_\_ step instructions (*please specify*)  
Confuses directional concepts (e.g. left, right, up, down, etc.)

Requires hand over hand assist to complete most tasks  
Difficulty learning new motor tasks  
Requires demonstration to complete most tasks

**Comments:**

**Ability to Manipulate Objects**

Hand preference not established  
Poor cutting/pasting skills for age  
Written work sloppy, off lines, poorly spaced  
Performance too slow to be considered functional

Poor ability to catch, throw, or kick balls  
Unable to open locker independently  
Difficulty retrieving supplies from locker or desk  
Difficulty manipulating classroom tools and/or age-appropriate toys

**Comments:**

**Ability to Groom/Dress/Undress**

Unkempt appearance; shirttails out, dirty, etc.  
Dresses independently, but clothes on backwards, inside out  
Requires assist with this area

Has difficulty with fasteners  
Has difficulty brushing hair  
Has difficulty brushing teeth  
Has difficulty washing hands/face

**Comments:**

**Ability to Eat and Drink**

Unable to finish eating in allotted time  
Difficulty with specific foods  
Ineffective chewing  
Requires assistance to swallow

Requires assist in hand to mouth  
Requires assist to hold cup/tools  
Unable to hold cartons/packages  
Unable to open cartons/packages  
Unable to cut food independently

**Comments:**