

## Request for OT *and/or* PT 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 Observation: Date: \_\_\_\_\_ OT PT

**(Note: Written parent permission required for evaluation only)**

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 observation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PREVIOUS INTERVENTIONS IMPLEMENTED AND RESULTS

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

**Survey of Student's Skills**  
*(Please check all statements that apply)*

**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:**