Input Checklist for Occupational Therapy (OT) and Physical Therapy (PT) Services

Date: _____ Student Name: _____

DOB: _____ Student #: _____ Grade: _____

Teacher: _____ School: _____

Below is a questionnaire intended to help identify areas where your student has difficulties that may be addressed by the school occupational therapist and/or physical therapist. Please check of areas of concern or difficulty. Comments are welcome. Please forward to your school physical and/or occupational therapist. Thank you for your help.

Reset Form

The student has difficulty: (please check all that apply)

- ❑ Sitting posture/stability in their desk (feet flat on the floor).
- ❑ Getting in/out of desk. Ability to stay in desk without fidgeting.
- ❑ Moving around the classroom (around obstacles, etc.).
- ❑ Moving through the halls with the rest of the class.
- ❑ Keeping pace with classmates when walking.
- ❑ Walking long distances (to/from playground, lunchroom, etc.).
- ❑ Moving through congested areas (crowded hallways) without bumping into people/objects.
- ❑ Going up or down stairs.
- ❑ Getting off the bus and/or van.
- ❑ Moving on uneven surfaces (outdoors, grass, gravel, curbs, etc.).
- ❑ Opening and closing doors.
- ❑ Legible (may not be perfect) handwriting.
- ❑ Grip on pencil. Handedness.
- ❑ Copying from the chalkboard/overhead projector.
- ❑ Organizing/accessing books, papers, and other supplies at their desk (consider the time taken to complete the tasks).
- ❑ Using the restroom (including managing clothing/fasteners).
- ❑ Managing tray and utensils in the lunchroom/opening containers.
- ❑ Eating without spilling. Managing personal hygiene.
- ❑ Manipulation of tools (pencils, paint brushes, scissors).
- ❑ Manages coat, backpack, locker.
- ❑ Keeping belongings organized in assigned space.
- ❑ Participating in recess/free play/PE.
- ❑ Able to use the playground equipment.
- ❑ Participating in structured activity in the classroom.
- ❑ Getting on and off transportation (van, bus, etc.).
- ❑ Safety awareness.

COMMENTS: