

Children's Special Services, LLC Parent In Take Checklist©

Dear Parent: Your child _____ has been referred for an occupational therapy assessment/screening. As part of this process, you are being asked to please fill out this checklist and return it to the school prior to the screening. Thank you.

OTR/L. _____ date _____

<p>SELF CARE</p> <p><input type="checkbox"/> Problems taking on/off coat</p> <p><input type="checkbox"/> Cannot tie shoes</p> <p><input type="checkbox"/> Cannot manipulate buttons, snaps, zippers</p> <p><input type="checkbox"/> Unkempt</p> <p><input type="checkbox"/> Rejects going to the bathroom</p> <p><input type="checkbox"/> Cannot use utensils easily</p> <p><input type="checkbox"/> Spills drink often</p>	<p><input type="checkbox"/> Needs reminders to keep track of belongings</p> <p><input type="checkbox"/> Rejects certain fabrics</p> <p><input type="checkbox"/> Resists toilet training</p> <p><input type="checkbox"/> Messy eater</p> <p><input type="checkbox"/> Picky eater (explain)</p> <p><input type="checkbox"/> Always wears socks, long sleeves even in warm weather</p> <p><input type="checkbox"/> Habituates wearing 1-2 specific outfits</p> <p><input type="checkbox"/> Other _____</p>
<p>MOTOR SKILLS</p> <p><input type="checkbox"/> Poor motor learning (new skills)</p> <p><input type="checkbox"/> Mixed and/or no hand preference</p> <p><input type="checkbox"/> Does not attempt to initiate writing first name</p> <p><input type="checkbox"/> Does not like to (or never liked to) scribble</p> <p><input type="checkbox"/> Does not like to draw/write</p> <p><input type="checkbox"/> Frustrated with fine motor tasks</p> <p><input type="checkbox"/> Difficulty when trying to copy simple shapes</p> <p><input type="checkbox"/> Poor gross motor (Running, jumping, skipping)</p> <p><input type="checkbox"/> Loses place when looking at a book that is being read to him/her</p>	<p><input type="checkbox"/> Walked early did not spend a lot of time crawling</p> <p><input type="checkbox"/> Poor grasp (awkward use of pencil/crayon)</p> <p><input type="checkbox"/> Poor writing pressure</p> <p><input type="checkbox"/> Motor performances seem unusually slow</p> <p><input type="checkbox"/> Cannot color inside the lines as needed</p> <p><input type="checkbox"/> Poor reproduction of shapes/forms/designs</p> <p><input type="checkbox"/> Poor cutting skills</p> <p><input type="checkbox"/> Shows no preference for his/her right and left handedness</p> <p><input type="checkbox"/> Holds back with gross motor games</p> <p><input type="checkbox"/> Rejects tasks that have multiple parts (figure-ground perception)</p> <p><input type="checkbox"/> Other _____</p>
<p>TASK BEHAVIORS</p> <p><input type="checkbox"/> Difficulty staying focused</p> <p><input type="checkbox"/> Disorganized</p> <p><input type="checkbox"/> Over-organized</p> <p><input type="checkbox"/> Overly dependent on teacher/parent</p> <p><input type="checkbox"/> Does not seem to hear when instructions are given</p> <p><input type="checkbox"/> Poor (task) sequencing skills</p> <p><input type="checkbox"/> Sloppy work areas</p> <p><input type="checkbox"/> Easily distracted</p>	<p><input type="checkbox"/> Difficulty initiating tasks</p> <p><input type="checkbox"/> Difficulty transitioning from one skill/task to another</p> <p><input type="checkbox"/> Needs instructions repeated</p> <p><input type="checkbox"/> Gets confused easily</p> <p><input type="checkbox"/> Cannot sit easily in "circle time"</p> <p><input type="checkbox"/> Restless when riding in a car</p> <p><input type="checkbox"/> Work pace is much slower than peers</p> <p><input type="checkbox"/> Difficulty with instructions that are more than 1-2 familiar steps</p> <p><input type="checkbox"/> Other _____</p>
<p>SOCIAL</p> <p><input type="checkbox"/> Not many or few friends</p> <p><input type="checkbox"/> Complains that "someone hit" them</p> <p><input type="checkbox"/> Difficulty with cooperative tasks</p> <p><input type="checkbox"/> Multiple somatic (physical) complaints</p> <p><input type="checkbox"/> Poor eye contact when speaking to peers, adults, new acquaintances (circle one)</p> <p><input type="checkbox"/> Seems fearful of new situations/places</p> <p><input type="checkbox"/> Argumentative</p> <p><input type="checkbox"/> Difficulty with self-calming when upset</p> <p><input type="checkbox"/> Hangs of people or things</p> <p><input type="checkbox"/> Cannot tolerate things out of "place"</p> <p><input type="checkbox"/> Difficulty demonstrating affection</p>	<p><input type="checkbox"/> Wants to but is hesitant to interact with peers</p> <p><input type="checkbox"/> Prefers to play alone rather than with peers</p> <p><input type="checkbox"/> Difficulty discerning personal space</p> <p><input type="checkbox"/> Poor verbal expression of thought, ideas, and feelings</p> <p><input type="checkbox"/> Overly sensitive to corrective remarks (criticisms)</p> <p><input type="checkbox"/> Avoids talking out in class, and/or participating in discussions</p> <p><input type="checkbox"/> Easily frustrated in social situations</p> <p><input type="checkbox"/> Not understand jokes</p> <p><input type="checkbox"/> Difficulty reading body language or facial expressions</p> <p><input type="checkbox"/> Uses oral language that is less mature than peers</p> <p><input type="checkbox"/> Does not wait to ask for help if an adult is talking</p> <p><input type="checkbox"/> Other _____</p>