

Occupational Therapy Referral

Person Originating Request: _____ Phone: _____
Date: _____ School: _____

NOTE: A signed Receipt of Rights and Notice, Consent for Initial Section 504 Evaluation, and Section 504 Evaluation forms must accompany the completed referral form.

STUDENT INFORMATION

Student: _____ DOB: _____ ID: _____

504 Eligibility: _____

If student is a transfer student with OT services recommended by Section 504, what is the frequency and duration? _____

EDUCATIONAL CONCERNS

An Occupational Therapy Referral may be appropriate if one or more of the following is checked:

<p>1. The student exhibits difficulty with motor or perceptual skills, which interfere with educational performance.</p> <p><u>Instructional Activities</u></p> <p>_____ handling materials and manipulatives</p> <p>_____ poor cutting skills</p> <p>_____ poor pasting/gluing skills</p> <p><u>Handwriting</u></p> <p>_____ poor pencil/crayon use</p> <p>_____ slow writing</p> <p>_____ incomplete assignments</p> <p>_____ illegible writing</p> <p>_____ physically cannot write</p> <p>2. The student exhibits deficient job skills.</p> <p><u>Prevocational</u></p> <p>_____ poor work habits/organizational skills</p> <p>_____ physical abilities limit performance</p> <p>_____ social skills limit performance</p>	<p>3. The student exhibits difficulty with self-help skills.</p> <p><u>Eating</u></p> <p>_____ has difficulty chewing or drinking: carrying tray, opening milk carton</p> <p>_____ has difficulty using eating utensils</p> <p><u>Dressing</u></p> <p>_____ does not have age appropriate skills</p> <p>_____ has difficulty with clothing management during toileting</p> <p>_____ needs suggestions for alternative techniques</p> <p>4. The student has difficulty with other areas as related to occupational therapy.</p> <p>_____</p> <p>_____</p> <p>_____</p>
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List current learning that is being hindered:

1. _____
2. _____
3. _____

Please send this form and above noted documents to Section 504 Coordinator.