

## Occupational Therapy Screening

**Child's Name:**

**Date of Birth:**

**Grade:**

**Chronological Age:**

**Teacher:**

**Date of Screening:**

**Therapist:**

An OT Screening Form was received by **TEACHER** on **xx/xx/xx**.

**Based on the form filled out by the teacher, the main concerns on the form were: LIST frequently**

An OT screening was administered on **DATE** **In addition, a handwriting sample was obtained.**

### Visual Skills:

- Distance between eyes and paper:
- Head tilts?
- Eye tracking: (smooth, choppy, unable to perform)

### Tone and strength

- Tone? Low/Normal/High
- Strength?

### Positioning of the Student

- Ability to support trunk/head and upper extremities?
- Seated position?
- Is this a concern? N/Y

### Control of the Writing Utensil

- Hand dominance? Right/Left/Undetermined
- Position of arm and wrist?
- Grip?
- Pressure of pencil? Light/normal/heavy
- Is this a concern?
- Recommendations:

### Cutting

- What shape was cut out? (Vertical line, 4-5" **circle**, square, triangle, zig zag (5 points), and **star**)
- Grasp pattern?
- Cutting on the line?
- Bilateral coordination for cutting and holding the paper?
- Smooth or choppy cutting?

### Handwriting

- Able to write first and last name in Kindergarten?
- Spacing of letter/number between words and between letters within a word
- Sizing of letter/numbers
- Ability to recognize and reproduce letters/numbers

- Letter/number formation: (are they in parts or fluid)
- Near-point copying with speed
- Far Point copying with speed
- Sample Sentences (pangram):
  - **The quick brown fox jumped over the lazy dogs.**
  - **The queen and king wore fuzzy slippers when jumping over the cardboard box.**
  - **Look at that little girl play the drum.**
  - **Can I play with that big red ball?**
  - **Today I made a funny picture at school.**
  - **I will eat all five hot dogs.**
  - **We will ride on the blue boat.**
  - **Sphinx of black quartz, judge my vow**
- Speed? Letters x 60 divided by total seconds = letters per minute
  - 1<sup>st</sup> grade: 15-32; 2<sup>nd</sup> grade: at least 25; 3<sup>rd</sup> grade: at least 45; 4<sup>th</sup> grade at least 60; 5<sup>th</sup> grade at least 70
- Posture while writing
- Letter reversals? None after 2<sup>nd</sup> grade
- Placement on the line. 1/8" for Kindergarten, 1/16" for 1<sup>st</sup> grade and older
- Overall is handwriting a concern?

### Sensory

- Fidgety with hands or feet?
- Seeking movement?
- How long is attention span when seated?
- Followed directions?
- Impulsive?
- Is this a concern?

### Strategies/Recommendations for student/teacher:

Strategies should be attempted for 4 consistent weeks.

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| <ul style="list-style-type: none"> <li>● Adapted paper</li> <li>● Pencil grip</li> <li>● Small pencils/crayons/markers</li> <li>● Slant board</li> <li>● Practice cutting skills (cutting up activity)</li> <li>● Left handed scissors</li> <li>● Handwriting practice book</li> <li>● Seating options (move-n-sit cushion, howdahug chair, bicycle tubing, etc.)</li> <li>● Practice typing skills</li> </ul> | <ul style="list-style-type: none"> <li>● Oral sensory strategies: ice, gum, crunchy pretzels, etc.</li> <li>● Fidget tools</li> <li>● Extra movement breaks</li> <li>● Noise canceling headphones</li> <li>● Visual schedule</li> <li>● Visual checklists for organization</li> <li>● Zones strategies: visuals for big/small problem, zones chart</li> </ul> |
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**OT evaluation recommended?**      N/Y