

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

SELF CARE	
<ul style="list-style-type: none"> <input type="radio"/> Problems taking on/off coat <input type="radio"/> Cannot tie shoes <input type="radio"/> Cannot manipulate buttons, snaps, zippers <input type="radio"/> Unkempt <input type="radio"/> Rejects going to the bathroom <input type="radio"/> Cannot use utensils easily <input type="radio"/> Spills drink often 	<ul style="list-style-type: none"> <input type="radio"/> Needs reminders to keep track of belongings <input type="radio"/> Rejects certain fabrics <input type="radio"/> Resists toilet training <input type="radio"/> Messy eater <input type="radio"/> Picky eater (explain) <input type="radio"/> Always wears socks, long sleeves even in warm weather <input type="radio"/> Habituates wearing 1-2 specific outfits <input type="radio"/> Other _____
MOTOR SKILLS	
<ul style="list-style-type: none"> <input type="radio"/> Poor motor learning (new skills) <input type="radio"/> Mixed and/or no hand preference <input type="radio"/> Does not attempt to initiate writing first name <input type="radio"/> Does not like to (or never liked to) scribble <input type="radio"/> Does not like to draw/write <input type="radio"/> Frustrated with fine-motor tasks <input type="radio"/> Difficulty when trying to copy simple shapes <input type="radio"/> Poor gross motor (Running, jumping, skipping) <input type="radio"/> Loses place when looking at a book that is being read to him/her <input type="radio"/> Walked early, did not spend a lot of time crawling <input type="radio"/> Poor grasp (awkward use of pencil/crayon) 	<ul style="list-style-type: none"> <input type="radio"/> Poor writing pressure <input type="radio"/> Motor performances seem unusually slow <input type="radio"/> Cannot color inside the lines as needed <input type="radio"/> Poor reproduction of shapes/forms/designs <input type="radio"/> Poor cutting skills <input type="radio"/> Shows no preference for his/her right and left handedness <input type="radio"/> Holds back with gross-motor games <input type="radio"/> Rejects tasks that have multiple parts (figure-ground perception) <input type="radio"/> Other _____
TASK BEHAVIORS	
<ul style="list-style-type: none"> <input type="radio"/> Difficulty staying focused <input type="radio"/> Disorganized <input type="radio"/> Over-organized <input type="radio"/> Overly dependent on teacher/parent <input type="radio"/> Does not seem to hear when instructions are given <input type="radio"/> Poor (task) sequencing skills <input type="radio"/> Sloppy work areas <input type="radio"/> Easily distracted <input type="radio"/> Difficulty initiating tasks 	<ul style="list-style-type: none"> <input type="radio"/> Difficulty transitioning from one skill/task to another <input type="radio"/> Needs instructions repeated <input type="radio"/> Gets confused easily <input type="radio"/> Cannot sit easily in "circle time" <input type="radio"/> Restless when riding in a car <input type="radio"/> Work pace is much slower than peers <input type="radio"/> Difficulty with instructions that are more than 1-2 familiar steps <input type="radio"/> Other _____
SOCIAL	
<ul style="list-style-type: none"> <input type="radio"/> Not many or few friends <input type="radio"/> Complains that "someone hit" them <input type="radio"/> Difficulty with cooperative tasks <input type="radio"/> Multiple somatic (physical) complaints <input type="radio"/> Poor eye contact when speaking to peers, adults, new acquaintances (circle one) <input type="radio"/> Seems fearful of new situations/places <input type="radio"/> Argumentative <input type="radio"/> Difficulty with self-calming when upset <input type="radio"/> Hangs on people or things <input type="radio"/> Cannot tolerate things out of place <input type="radio"/> Difficulty demonstrating affection 	<ul style="list-style-type: none"> <input type="radio"/> Wants to but is hesitant to interact with peers <input type="radio"/> Prefers to play alone rather than with peers <input type="radio"/> Difficulty discerning personal space <input type="radio"/> Poor verbal expression of thought, ideas and feelings <input type="radio"/> Overly sensitive to corrective remarks (criticisms) <input type="radio"/> Avoids talking out in class, and/or participating in discussions <input type="radio"/> Easily frustrated in social situations <input type="radio"/> Does not understand jokes <input type="radio"/> Difficulty reading body language or facial expressions <input type="radio"/> Uses oral language that is less mature than peers <input type="radio"/> Does not wait to ask for help if an adult is talking <input type="radio"/> Other _____