

TMCSEA

Tazewell-Mason Counties Special Education Association

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OCCUPATIONAL THERAPY CLASSROOM QUESTIONNAIRE

Student: _____

Teacher: _____

Birthdate: _____

School: _____

Grade/Classroom: _____

Date Parent Was Notified: _____

Dear Teacher:

Your student _____, is currently being reviewed to determine if there is a need for Occupational Therapy (OT) services. In order to determine if and how OT can best meet this student's needs, we need your input. Please list concerns in the areas below that impact the student's educational program. Check mark or include a brief note indicating current functional levels. If you have no concerns in an area, please indicate: *no concerns*.

Please return this form to _____ as soon as possible. If you have any questions, please contact _____ at _____.

ACTIVITIES OF DAILY LIVING: Dressing, hygiene, self-feeding. (Examples: Joe is unable to engage the zipper on his coat, use buttons &/or put his gloves.)

Check all items student is unable to complete:

- | | | |
|---|--|---|
| <input type="checkbox"/> Buttons | <input type="checkbox"/> Take off and put on shoes | <input type="checkbox"/> Drink out of an open cup |
| <input type="checkbox"/> Snaps | <input type="checkbox"/> Take off and put on socks | <input type="checkbox"/> Feed self with a spoon |
| <input type="checkbox"/> Zips | <input type="checkbox"/> Uses bathroom | <input type="checkbox"/> Feed self with a fork |
| <input type="checkbox"/> Tie shoes | <input type="checkbox"/> Pull up and down pants | <input type="checkbox"/> Open milk carton |
| <input type="checkbox"/> Take off and put on coat | <input type="checkbox"/> Wash and dry hands | |

Comments: _____

FINE MOTOR MANIPULATION SKILLS: Scissors use, pencil grasp, manipulation of art supplies, etc. (Example: *Pencil grasp*: Joe continues to display an awkward pencil grasp and is not consistent with which hand he uses.)

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Difficulty with scissors | <input type="checkbox"/> Poor desk posture |
| <input type="checkbox"/> Hand dominance not well established | <input type="checkbox"/> Difficulty with coloring/ drawing |
| <input type="checkbox"/> Heavy pencil pressure | <input type="checkbox"/> Awkward pencil grasp |
| <input type="checkbox"/> Light pencil pressure | <input type="checkbox"/> Fatigues quickly during writing tasks |
| <input type="checkbox"/> Poor pencil control | |

Comments: _____

VISUAL-MOTOR/VISUAL PERCEPTUAL SKILLS: Coloring, drawing, copying skills, control of pencil, visual-perceptual skills. (Example: *Poor paper/pencil or crayon skills*: Joe is unable to color within the lines and is unable to print legibly, even when copying.) **Attach a handwriting sample if this is an area of concern.**

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Illegible printing | <input type="checkbox"/> Difficulty copying simple shapes |
| <input type="checkbox"/> Difficulty staying on the line when writing | <input type="checkbox"/> Difficulty copying from the board |
| <input type="checkbox"/> Reversals in letters or words after 1 st grade | <input type="checkbox"/> Difficulty with puzzles |
| <input type="checkbox"/> Poor formation of letters | <input type="checkbox"/> Loses place, skips lines and words often |
| <input type="checkbox"/> Poor spacing between words | <input type="checkbox"/> Illegible cursive |

Comments: _____

GROSS MOTOR: The ability to perform large motor activities.

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Difficulty on playground equipment | <input type="checkbox"/> Appears clumsy and awkward in movements |
| <input type="checkbox"/> Difficulty participating in songs with motions | <input type="checkbox"/> Difficulty learning new motor tasks |
| <input type="checkbox"/> Confuse right and left body sides | <input type="checkbox"/> Difficulty participating in physical education |
| <input type="checkbox"/> Difficulty on stairs | |

Comments: _____

REGULATION OF SENSORY SYSTEM: Extra or under sensitive to one or more sensory inputs of touch, auditory, visual, movement, smell, or taste.

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Does not like being messy | <input type="checkbox"/> Has trouble standing in line with others |
| <input type="checkbox"/> Bothered by loud noise | <input type="checkbox"/> Has trouble keeping hands to self |
| <input type="checkbox"/> Does not like swinging or fast movements | <input type="checkbox"/> Stands at desk while doing work or leaves seat |
| <input type="checkbox"/> Will gag when touching or smelling some objects | <input type="checkbox"/> Easily frustrated; has emotional outbursts |
| <input type="checkbox"/> Distracted by visual stimulus in room | <input type="checkbox"/> Decreased body awareness |
| <input type="checkbox"/> Constantly "on the go"; seeks out movement | <input type="checkbox"/> Misses oral directions more than others |
| <input type="checkbox"/> Has difficulty tolerating changes in expectations | <input type="checkbox"/> Has trouble keeping materials organized |
| <input type="checkbox"/> Does not like being touched | <input type="checkbox"/> Appears inactive; lethargic |
| <input type="checkbox"/> Bothered by the texture of clothes or food | <input type="checkbox"/> Slouches, sprawls or slumps in chair |
| <input type="checkbox"/> Increased awareness of pain | |

Comments: _____

ADAPTIVE EQUIPMENT/CLASSROOM MODIFICATIONS: Include concerns with current equipment or modifications or possible needed equipment/modifications. (Examples: Joe's splint needs to be looked at as it appears to be too tight; or, Sally may benefit from an easel for handwriting tasks to help with hand/arm positioning.)

Comments: _____

OTHER CONCERNS OR COMMENTS: May also include a student's strengths, improvements, or how current strategies are working. (Examples: Sally will now sit for longer periods of time at circle time since we began providing her with a cushion to sit on and a manipulative toy to put in her hands or, Joe's handwriting skills are improved when he uses a pencil grip, but he often loses it.)

Comments: _____

Again, thank you very much for your time!