

Children's Therapy and Family Resource Centre

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www.kamloopschildrenstherapy.org

SCHOOL OT PT TEACHER FORM

When referring a student for OT and/or PT services, **please discuss the referral first with your school's assigned OT and/or PT to ensure the referral is necessary.** Then please complete both the Referral Form - School Age and the form below.

Student's Name: _____

Today's Date: _____

Date of Birth: _____

School Name: _____

Teacher's Name: _____

Grade: _____

Diagnosis (if applicable): _____

Ministry Category (if applicable): _____

Person Completing This Form (and role): _____

| AREA OF FUNCTION | Strength | Challenge or Needs Help | Not Sure or N/a | What does this student do well? For any challenges, what do you think might be contributing? What have you tried to help? Do you have ideas for what might help? |
|--|----------|-------------------------|-----------------|--|
| Self-Care | | | | |
| Eating and Feeding Self (managing own food and eating routines) | | | | |
| Toileting | | | | |
| Dressing (manages own clothing and footwear) | | | | |
| Grooming (cleans hands and face) | | | | |
| Mobility and Access | | | | |
| Moves safely around classroom and school | | | | |
| Maintains posture needed for seated and standing activities | | | | |
| Takes part effectively in physical activities, including PE, DPA and outdoor break times | | | | |
| Work Time | | | | |
| Participates effectively in class learning activities | | | | |
| Produces work output that meets standards (e.g. writing, art) | | | | |
| Finds and manages needed materials | | | | |
| Uses writing tools effectively | | | | |
| Uses classroom tools effectively (e.g. scissors, staplers, pencil sharpener) | | | | |
| Uses technology effectively (e.g. computer, tablet) | | | | |
| Gets self ready for work activities appropriate for age | | | | |
| Manages own locker or storage area | | | | |

For this student, if you could make two changes, what would they be?

1.

2.

If recommendations are made around skill development, who will be able to carry out those activities?

Classroom teacher Family (at home)

CEA Other:

Services already in place (or requested) for this student:

Learning Assistance Resource Teacher

Psychologist

Speech Language Pathologist

School and Family Consultant

Inclusion Support Teacher

Hearing Resource Teacher

Vision Resource Teacher

Other School Resource: _____

Other Community Services: _____

Do you have any other information you wish to share?

If your concern is around the student's classroom work, please enclose a sample of the student's typical class work, and a sample of the average class work that you expect.

If your concern is around self-regulation skills (e.g. attention, emotional regulation, body regulation, challenging behaviour) please note that we are only able to provide school or family general education, not individual assessment and consultation.

Thank you for completing this form. Please feel free to contact your school's physiotherapist and/or occupational therapist to discuss the referral in more detail.