



REQUEST FOR OCCUPATIONAL THERAPY SCREENING

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

TO BE COMPLETED BY THE CLASSROOM TEACHER:

Name:	DOB:
Parent/Guardian:	Phone:
Address:	Grade:
Building:	Teacher:
Significant Health Problems:	
School Services Receiving:	

AREA(S) OF CONCERN (Please check all that apply):

- Fine Motor Skills**-poor hand/finger strength, difficulty opening containers, uses awkward/unusual grips, poor pencil control, poor legibility, difficulty spacing letters or copying from blackboard, trouble cutting/tracing, lack of hand dominance
- Spatial Awareness**- confuses right and left, trouble holding head up when sitting, uses arms to hold up head or leans very close to paper, trouble reading the writing on the blackboard, when shifting body in chair sometimes falls-out of seat, often stands to close to others, lacks concern for safety in movements
- Social/Emotional**-Cannot tolerate upsets in plans and expectations, is apt to be stubborn or uncooperative, distractible, poor attention span
- Self-Care Skills**-difficulty with self-feeding, dressing, buttoning, zipping, snapping, lacing, difficulty accessing items in the environment

ADDITIONAL COMMENTS: (Please give a description of the child's motor concerns and attach work samples if possible)

Parent Concern? Yes No

Parent Permission to Screen? Yes No

Date Permission Given: _____

Parent/Guardian Signature

RESULTS OF SCREENING:

DATE: _____

RECOMMENDATIONS:

- No motor difficulties observed at this time.
- This child's motor skills are developmentally appropriate. An occupational therapy evaluation is not recommended at this time.
- It is recommended that this child be referred for further Special Education evaluation.
- Other:

Occupational Therapist