

Occupational Therapy/ Physiotherapy Referrals (Children's Health Services-SHSS)

Client's Name:

Date of Birth (d/m/y):

School:

City/Town:

Please check off any areas of concern. If an item has been identified, please explain and give examples on next page. Please include samples of work that are problematic.

- Difficulty opening containers
- Difficulty managing outdoor clothing
- Trouble changing clothes, difficulty with fastenings
- Difficulty with swallowing, chewing, or drooling
- Needs assistance with self-feeding
- Unable to manage toileting
- Has difficulty with doorknobs and faucets
- Little attention to appearance

- Physical difficulties in accessing a computer
- Difficulty using scissors
- Difficulty handling small items
- Difficulty copying shapes, number, or letters
- Difficulty imitating body movements; doesn't cross midline
- Holds pencil awkwardly; presses too hard or too lightly
- Has difficulty with puzzles, small blocks and shapes
- When writing, doesn't stabilize the paper
- By age 9, confuses right and left on self or another person
- When using one hand, tenses or moves the other
- Is unable to draw a circle, cross, diagonal line
- Has trouble pasting one piece of paper on another
- Loses place when reading; moves head when reading
- Has not established hand dominance
- Unable to demonstrate understanding of directional commands
- Has difficulty copying chalkboard work

- Is upset by unexpected touch; doesn't like others nearby
- Tires easily with routine tasks
- Trouble keeping balance; readjusts posture frequently
- Is awkward, and large movements are clumsy
- Has extreme tightness which limits joint movement
- Appears to have poor overall body strength; is "floppy"
- Difficulty bouncing, throwing, or catching a large ball
- Makes no attempt to catch himself when falling
- Poorly developed sense of rhythm; can't play clapping games
- Too much movement in joints; seems double jointed
- Stumbles, falls more frequently than others the same age
- Cannot heel-toe walk, hop on one foot, jump in place
- Lacks reciprocal arm and leg movements when walking
- Difficulty with stairs
- Habitually walks on toes

Academic/Social Behavioural Issues:

(Please note: CCAC does not address behavioural issues)

- Easily distracted; has short attention span
- Is hyperactive, very restless
- Is easily frustrated or discouraged
- Unaware of others' feelings/needs
- Has difficulty with group participation; is uncooperative
- Difficulty taking turns or following rules
- Does not recognize when needs to change behaviour

Academic performance (Note: this information is required to effectively work with the child):__

How have these issues been addressed by school personnel?

Has the child had the opportunity to develop above tasks at home? Yes No Explain:

- Difficulty accessing stairs, bus, doors, playground
- Has a splint/brace that interferes with class work
- Slumps to one side, slides forward in chair/wheelchair
- Has trouble holding head up when sitting
- Needs help with use of wheelchair
- Totally dependent for all transfers



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Primary Areas of Concern

(Please provide examples and samples)

Safety Issues

Special Devices Utilized

(Please list any special devices presently used, e.g. walker, transfer aids etc.)

Classroom/School Supports Available

Does the student have an Individual Education Plan (IEP)?

Yes No