KidsInclusive EnfantsInclus
Centre for Child & Youth Development
Centre du développement des enfants et des adolescents

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

School-Based Services
OT/PT Additional Information Form

Child/Youth's Name:		Date of Birth (dd/mmm/yyyy):	
School Name:		Class/Grade:	

A. Reason for Referral:

B. Student's Needs – *Please check any areas of concern*

Fine Motor	***Physical Limitations***
☐ Difficulty coordinating both hands to do a task	☐ Habitually walks on toes or cannot heel-toe walk
☐ Difficulty using scissors	☐ Difficulty hopping on one foot or jumping in place
☐ Difficulty handling/picking up small items	☐ Lacks reciprocal arm/leg movements when walking
☐ Difficulty copying shapes, numbers, or letters	☐ Tightness in muscles which limits joint movement
☐ Difficulty imitating body movements; does not cross midline	☐ Has trouble holding head up when sitting
☐ Unable to colour within lines	☐ Leans to one side, slides forward, or other concerns in chair/wheelchair sitting
☐ Holds pencil awkwardly; presses too hard or light	☐ Difficulty with stairs and/or accessing bus
☐ Has difficulty with puzzles, small blocks, and shapes	☐ Difficulty with doors and/or playground structures
☐ When writing, does not stabilize paper	☐ Difficulty sustaining posture or readjusts posture often
☐ By age 9, confuses right and left on self or others	☐ Has a splint/brace that requires education for school staff
☐ Does not work from left to right	☐ Dependent for all transfers – staff training required
☐ Illegible written work	☐ Uses a mobility aid (walker, crutches, etc.)
☐ When using one hand, tenses or moves the other	☐ Needs help with use of wheelchair
☐ Is unable to draw a circle, cross, or diagonal line	☐ Review of current equipment for size/function needed
☐ Has trouble gluing one piece of paper on another	***Sensory & Participation***
☐ Loses place/moves head when reading	☐ Difficulty sitting still; may fidget or rock
☐ Has not established hand dominance	☐ Overly sensitive to noise, light, and/or movement
☐ Unable to demonstrate understanding of directional commands	☐ Does not respond appropriately to touch, textures of foods, and/or clothing
☐ Has difficulty accurately copying from the blackboard or paper	☐ Unable to follow classroom routine; difficulty with transitions
Gross Motor	☐ Upset by unexpected touch; does not like others nearby/in personal space
☐ Stumbles, falls or bumps into objects/people more frequently than peers	☐ Tires easily with routine tasks
☐ Trouble keeping balance in standing activities	☐ Easily distracted; has short attention span
☐ Appears to have poor overall body strength; is floppy	☐ Hyperactive, very restless
☐ Makes no/little attempt to catch self when falling	☐ Easily frustrated/discouraged
☐ Large movements are clumsy/awkward	☐ Unaware of other's feelings/needs
☐ Difficulty bouncing, throwing, or catching a large ball	☐ Difficulty with group participation/uncooperative
☐ Too much movement in joints; seems "double jointed"	☐ Difficulty taking turns or following rules
☐ Tires easily with routine tasks	☐ Does not recognize when needs to change behaviour

Client's Name: Date of Birth:

Self-Care	*Post Procedure*
☐ Difficulty opening lunch/snack containers	☐ Function has changed due to surgery or other procedure (Botox injections, serial casting, etc.)
☐ Difficulty managing outdoor clothing	☐ Has new therapy needs following surgery or other procedure
☐ Difficulty with fasteners (zippers, buttons, snaps, etc.)	☐ Requires new or review of previous equipment due to surgery or other procedure
☐ Difficulty with swallowing, chewing, or drooling	☐ School staff require additional training for transfers and/or positioning due to surgery or other procedure
☐ Needs assistance with self-feeding	***Tech***
☐ Unable to manage toileting	☐ Difficulties accessing a computer
☐ Has difficulty with doorknobs and faucets	☐ More efficient typing than printing
☐ Little attention to appearance and hygiene	

Provide examples and details on how these concerns impact the student's participation and ability to access the curriculum:
Identify any special devices/equipment currently used (i.e. communication/mobility/transfers) at school:
Classroom/school supports currently being used and/or trialed (i.e. differentiated instruction, desk placement):

C. Safety & Participation

Do the referral concerns affect the student's ability to attend school?

☐ Somewhat ☐ Significantly ☐ Is unable to attend school

Is there a safety issue? ☐ Yes (Please explain below) ☐ No

☐ Swallowing difficulties
☐ Skin redness/breakdown
☐ Surgery
☐ Other (Please specify):
☐ Immediate safety risk
☐ Unable to access school/washroom/classroom due to physical need
☐ Change in medical condition (deterioration)

Please attach supporting documentation.

Form available at www.kidsinclusive.ca and is fillable to allow for more detail.