



# Procedures for Occupational/Physical Therapy



1. A student should already be eligible for Special Education before receiving related services. The Case Conference Committee determines how the impaired ability affects the student's educational performance, or ability to function in the educational setting before he/she is referred for therapy. The therapist must have some background on the student including a copy of a classroom observation, parent interview, previous school records, or a medical diagnosis from a licensed doctor who has treated the student. The checklist included with this document is to be used to provide the therapist with information about the student. You will need parent permission to obtain medical information from medical personnel if needed. Let the therapist know what kind of support the school wants for the student to participate in his/her school environment. The therapist will then suggest interventions or approve for an evaluation to be completed. **Do not** proceed to step 2 **without signature from a therapist on the attached checklist.**
2. Parent written permission must be requested for the evaluation. This is to be created in Indiana IEP. Reminder, you must have obtained a signature from the therapist **prior to** creating the request. (exception Autism evaluations). Please reach out to your school psychologist to create the reevaluation consent.
3. Evaluations are not necessarily done yearly, nor are they required to dismiss a student from the related service. If the IEP is in place, then services are to be continued each school year.
4. When the evaluation is completed, the Case Conference Coordinator will set a case conference date to discuss results of the evaluation. The Case Conference Committee will determine the need for educational therapy ( not medical therapy), and frequency, duration, and intensity of services. The Present Level Statement on the IEP should generate goals to be written into the IEP ( depending on educational needs of the student and the student's ability to function within the school environment). The goals will be created by the OT/PT.
5. To provide OT/PT services, the student must have it written into their IEP under Related Services. Goals are recommended, but not required if a student is receiving consultation. Student progress will be monitored by the therapist in consultation with the TOR.

## OCCUPATIONAL/PHYSICAL THERAPY REFERRAL CHECKLIST

This checklist has been designed to assist teachers and other personnel in establishing appropriate OT/PT referrals by starting the communication early regarding a student. Please check areas that apply and return to the therapist for recommendations for interventions or approval to proceed prior to obtaining permission to evaluate.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ School \_\_\_\_\_

Primary (or suspected) Disability \_\_\_\_\_ Wears Glasses? \_\_\_\_\_

Grade \_\_\_\_\_

### **Academic/Desk Work**

- Switches hands frequently
- Pencil grasp (normal, tight or clumsy)
- Poor Stabilization of paper
- Desk posture( slumps in chair)
- Holds scissors incorrectly
- Difficulty coordinating scissors
- Difficulty drawing,coloring
- Avoids crossing midline
- Poor concept of direction (i.e. right vs left, under, on, or behind)
- Tremors
- Poor dexterity
- Difficulty copying from Board
- Forms letters incorrectly, letter reversals
- Difficulty doing puzzles
- Other

\_\_\_\_\_  
\_\_\_\_\_

### **Sensorimotor/Behavior**

- Forgets verbal directions
- Sits on foot at seat
- Stands at desk doing work
- Rests head in hand with elbow on desk
- Poor desk organization
- Significant mood changes
- Impulsive or accident prone
- Distractible, short attention span
- Seems to crave excessive movement (i.e. runs everywhere, rocks or bounces self)
- Fearful of heights or movement
- Dislikes loud noises (grimaces, covers ears)
- Craves tactile stimulation (i.e.excessively touches kids or other kids stuff)
- Hits others
- Child consistently looks sleepy or groggy
- Other \_\_\_\_\_

\_\_\_\_\_

**Mobility**

- Awkward gait pattern
- Reciprocal pattern up
- and down stairs
- Confuses left/right
- Poor endurance fatigues easily
- Requires extra time during passing periods
- Difficulty propelling or guiding wheelchair
- Poor topographical orientation (gets lost easily, difficulty remembering routes in building)
- Muscle tone (floppy/rigid)
- Safety (clumsy, bumps into objects or people, trips, and falls easily) (circle)
- Difficulty boarding/exiting school bus
- Difficulty participating in emergency drills, PE or playground activities. (circle)
- Poor posture (sitting/standing)
- Other \_\_\_\_\_

**Self Care**

- Problems zipping/buttoning
- Toileting (requires assistance for Cleaning self, managing clothes, transferring to/from toilet, maintaining balance on toilet)
- Feeding (carrying tray, setting up tray, using utensils)
- Personal device care (care for prosthetics, orthotics, adaptive equipment)
- Other (describe below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what modifications have been

used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how these things adversely affect the student's educational development (attach work samples):

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Recommending Teacher Signature: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

**Therapist Recommendation:**

I recommend you delay the request at this time and try the following interventions. I will stay in contact with you over the next 9-18 weeks and we will monitor the student's progress and discuss a possible evaluation at a later date. Explained:

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I recommend you add to your evaluation request at this time permission for an evaluation and select the following within IIEP on the evaluation tab:

- Occupational Therapy - Motor Sensory Abilities - As assessment of motor skills & sensory responses.
- Physical Therapy - Any other assessments or information necessary to determine eligibility and inform the CCC.

