

Alachua County Public Schools
Exceptional Student Education
Occupational Therapy Assessment

Student's Name: _____ Student #: _____ Date of Evaluation: _____
DOB: _____ CA: _____ Grade: _____ Programs: _____
School: _____ Therapist Name: _____

Referral Type: New Transfer Re-Assessment Discontinuation

Medical Background: _____

Records Reviewed: Private Medical/OT Psychoeducational Testing Previous IEP Parent Input Form Pre-Referral Checklist

Relevant IEP Goal(s): _____

Current Accommodations/Modifications/Equipment from Current IEP: _____

School Environment Observations: (Place/Date, Universal Accommodations) _____

Activities of Daily Living:

Comments: _____

Significant Findings for Areas of Concern: Eating Dressing/Clothing Management Hygiene

Gross Motor:

Comments: _____

Significant Findings for Areas of Concern: Postural Support Bilateral Integration Strength Muscle Tone
 Range of Motion Coordination/Motor Planning Balance Crossing Midline of Body

Fine Motor:

Comments: _____

Significant Findings for Areas of Concern:
 Hand Strength Dexterity Balance Use Classroom Tool Use UE Coordination

Visual Perceptual/Motor:

Comments: _____

Significant Findings for Areas of Concern: Visual Tracking Visual Motor Integration Paper-Pencil Motor Coordination

Pre-Writing/Handwriting: Dominance: Left Right Not Yet Established

Evaluations: _____

Comments: _____

Significant Findings for Areas of Concern:

Hand Dominance: Not Yet Established
Grasp: Non-Functional Describe Grasp: _____
Legibility: Non-Functional
Not Producing: Shapes Letters Numbers
Reversals Present: Letters Numbers Designs
Handwriting Rate: Not Satisfactory for Grade Level

Sensory Processing Skills:

Comments: _____

Significant Findings for Areas of Concern: _____

Recommendations:

No Therapy Recommendations at this Time Discontinue from Current Therapy Initiate OT Therapy Frequency
 Continue Therapy Frequency (Therapy placement or discontinuation is an IEP team decision)

Full Signature (with Credentials) _____ Date of Completion: _____

Date Consent Received _____ Date Dispersed: _____