



Exceptional Student Education

### Occupational Therapy Assessment

Student Name: _____	Student #: _____	Evaluation Date: _____
DOB: _____	CA: _____	Grade: _____
School: _____		Programs: _____
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  Coordination/Moto Planning  
 Muscle Tone  Range of Motion  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: \_\_\_\_\_

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