

**PRESCHOOL OCCUPATIONAL THERAPY**

**TEACHER REPORT OF FUNCTION AND PARTICIPATION**

 **RATING IN COMPARISON TO CLASSMATES**

Dear Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Please complete this form thoroughly and return by \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
 [ ]  Email to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Place in mailbox: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is school-based occupational therapy (OT)?**

School-based OT supports participation in school-based occupations, such as routines, recess, the classroom, and cafeteria.

School-based OT servicesare designated for eligible students whose difficulties significantly impede participation in school. OT promotes strategies to be implemented by teachers or family for students who are not eligible for services.

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| **Student’s name:** | **Grade:** | **Class size: (GE, ICT, etc.)** |
| **Teacher’s email:** | **Teacher’s subject area:** | **Other services student receives:** |

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| **1. PRIMARY CONCERNS** |

**What are your primary 3 concerns for this student?** (*Describe academic or non-academic concerns*)

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2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **2. LEARNING & PARTICIPATION** |

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| **School Activity** | **Above Classmates** | **Comparable to Classmates** | **Below Classmates** | **Comments** |
| **Learning Readiness** |  |  |  |  |
| **Prewriting/Writing Readiness** |  |  |  |  |
| **Emergent Reading** |  |  |  |  |
| **Emergent Math** |  |  |  |  |
| **Playground/Gym** |  |  |  |  |
| **Cluster Subjects** |  |  |  |  |
| **Attendance** |  |  |  |  |

Sleep: Does the student appear well rested? Do they rest at nap time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nutrition: Does the student eat at snack/lunch time? Are there concerns around eating? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the student’s strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What interests / motivates the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What strategies / services are in place to support participation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you seen progress as a result of these strategies? Please describe: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you think the current class setting provides enough support? \_\_\_\_\_Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **3. SOCIAL PARTICIPATION AND EMOTIONAL REGULATION** |

*Describe present challenges developing friendships, working cooperatively, identifying feelings & managing emotions, etc.*

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| **4. SCHOOL READINESS & WORK BEHAVIORS** |

*Describe present challenges following directions, rules & routines, sustaining effort, attending, solving problems, etc.*

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| **5. FUNCTION & PARTICIPATION IN COMPARISON TO PEERS** |

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|  | **Progressing at Rate Similar to Classmates** | **Progressing at Rate Below Classmates****(Please describe)** |
| **ACCESS / MOVEMENT** |  | **Somewhat Below** | **Significantly Below** |
| **Adjusts position for comfort / maintains posture** |  |  |  |
| **Accesses all areas of building with or w/o equipment** |  |  |  |
| **Moves without fatigue / keeps pace with class** |  |  |  |
| **Moves safely in school / on stairs / crowded hallways** |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **ACTIVITIES OF DAILY LIVING** |  |  |  |
| **Uses bathroom / manages hygiene** |  |  |  |
| **Manages clothing / fasteners**  |  |  |  |
| **Uses utensils / opens containers / carries tray**  |  |  |  |
| **Organizes personal belongings / book bag** |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **MANAGEMENT OF CLASSROOM TOOLS / MATERIALS**  |  |  |  |
| **Demonstrates hand preference for coloring / drawing** |  |  |  |
| **Coordinates hands / fingers to manipulate small items** |  |  |  |
| **Controls movement of crayon / pencil** |  |  |  |
| **Uses classroom tools / scissors / glue / paintbrush** |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**PRE-WRITING** skillsthat are developmentally appropriate for pre-school students may include practice writing names, some letters and numbers. An emphasis on **HANDWRITING** is not considered developmentally appropriate for preschool students. OT addresses **PRE-WRITING** only when the underlying components (motor, visual and perceptual) of handwriting readiness significantly impede function and the student requires intervention beyond basic classroom instruction and practice.

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| **PRE-WRITING & WRITING Glasses** C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png **YES** C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png **NO**  |  |  |  |
| **Sorts pictures / puzzles pieces / letters** |  |  |  |
| **Colors / draws shapes** |  |  |  |
| **Draws figures / pictures** |  |  |  |
| **Writes / copies some letters and numbers** |  |  |  |
| **Sustains visual focus on storybooks / activities** |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **SENSORY SKILLS FOR LEARNING** |  |  |  |
| **Responds appropriately to environmental sounds** |  |  |  |
| **Responds appropriately to visuals during instruction** |  |  |  |
| **Responds appropriately to touch and various textures**  |  |  |  |
| **Adjusts force when handling or moving objects** |  |  |  |
| **Sits without excessive rocking, bouncing, or spinning** |  |  |  |
| **Responds appropriately to tastes & smells** |  |  |  |
| **Maintains personal space (e.g. doesn’t stand too close to others, controls impulses to touch objects or peers excessively)** |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Is there anything else you would like to share about this student?

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