

**COMPREHENSIVE OCCUPATIONAL THERAPY**

**OBSERVATION FORM**

**RATING IN COMPARISON TO CLASSMATES**

|  |  |
| --- | --- |
| **Student:** | **Teacher:** |
| **DOB: Age: Class:** | **Occupational Therapist:** |
| **Program: (Gen Ed, Spec Ed, class size/ratio)** | **Date(s) of Observation:** |
| **Observation requested by: C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png Parent C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png Teacher C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png IEP Team C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png Academic Intervention Team** | |
| **Recommendation:** C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png **Pre-referral interventions** C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png **OT evaluation** C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png **Other (describe)** | |

**Classroom Behavior:** *Performance areas typically best addressed through classroom supports/strategies*

|  |  |
| --- | --- |
| **AWARENESS / LEARNING READINESS** | **Difficulties Observed** |
| Alert to environment, maintains eye contact, communicates wants/needs, shows interest in class activities |  |
| **WORK BEHAVIOR / SOCIAL-EMOTIONAL READINESS** |  |
| Sustains attention, follows routines, develops friendships, works cooperatively, manages emotions, etc. |  |

**Observation of Student Skills:**

|  |  |  |  |
| --- | --- | --- | --- |
| **MOVEMENT / ACCESSIBILITY** | **Functional** | | **Difficulties Observed** |
| **Yes** | **No** |
| **Adjusts position / moves body to & from chair, floor** |  |  |  |
| **Accesses building / moves safely (stairs, halls, playground)** |  |  |
| **ACTIVITIES OF DAILY LIVING** | | | |
| **Uses utensils / opens containers** |  |  |  |
| **Manages clothing fasteners / dresses self** |  |  |  |
| **Uses the bathroom / avoids toileting accidents** |  |  |  |
| **MANAGEMENT OF CLASSROOM TOOLS AND MATERIALS** | | | |
| **Uses functional grasp to hold pencil / crayon** |  |  |  |
| **Coordinates hands / fingers to manipulate small items** |  |  |  |
| **Organizes desk / packs & unpacks book bag** |  |  |  |
| **PREWRITING & WRITING Glasses** C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png **YES** C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png **NO** | | | |
| **Visually focuses on pictures / objects** |  |  |  |
| **Copies shapes / colors within shapes / draws pictures** |  |  |
| **Writes name, letters & numbers** |  |  |
| **SENSORY SKILLS FOR LEARNING** | | | |
| **Responds appropriately to sights & sounds in the environment** |  |  |  |
| **Responds appropriately to touch and various textures** |  |  |
| **Sits without excessive rocking, bouncing, or spinning** |  |  |
| **Responds appropriately to tastes & smells** |  |  |
| **Maintains personal space** |  |  |
| **PRE-VOCATIONAL / TRANSITIONAL** | | | |
| **Performs physical tasks required in current pre-vocational program** |  |  |  |
| **Follows schedule to complete tasks / Manages time** |  |  |