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**COMPREHENSIVE OCCUPATIONAL THERAPY**

**TEACHER REPORT**

**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, 12:1:1, 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*)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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| **2. LEARNING & PARTICIPATION** |

***Rate the student’s participation, considering overall health and learning profile.***

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| **I =** | **INDEPENDENT** | **Participates independently** |
| **S =** | **SUPPORTED** | **Participates adequately with supports** |
| **D =** | **DIFFICULTY** | **Difficulty participating with supports** |
| **U =** | **UNABLE** | **Unable to participate** |
| **N/A =** | **NOT APPLICABLE** | **Not expected within educational program** |

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| **SCHOOL ACTIVITIES** | **PARTICIPATION** | | | | | **STUDENT NEEDS**  *Indicate amount of assistance and type of support needed.* |
| **I** | **S** | **D** | **U** | **N/A** |
| **Awareness / Attention** |  |  |  |  |  |  |
| **Social Interactions / Play** |  |  |  |  |  |  |
| **Daily Routines** |  |  |  |  |  |  |
| **Bathroom / Personal Hygiene** |  |  |  |  |  |  |
| **Mealtime / Snack Time** |  |  |  |  |  |  |
| **Recreation / Physical Education** |  |  |  |  |  |  |
| **Learning Readiness Activities** |  |  |  |  |  |  |
| **Pre-writing / Writing** |  |  |  |  |  |  |
| **Pre-reading / Reading** |  |  |  |  |  |  |
| **Pre-Math / Math** |  |  |  |  |  |  |
| **Pre-vocational / Transition** |  |  |  |  |  |  |
| **Transportation / Travel** |  |  |  |  |  |  |

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: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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| **3. AWARENESS & LEARNING READINESS** |

*Describe present challenges with alertness to environment, showing responses to stimuli, responding to name/familiar people, maintaining eye contact, communicating wants/needs (verbal or non-verbal), showing interest in class activities*

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| **4. WORK BEHAVIOR & SOCIAL-EMOTIONAL READINESS** |

*Describe present challenges with sustaining attention & effort, following directions, rules & routines, managing emotions, developing friendships, working cooperatively, completing schoolwork, working independently, etc.*

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| **5. STUDENT SKILLS RATING** |

***Please rate student’s skills, considering overall health and learning profile. Indicate N/A when not applicable.***

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| **I =** | **INDEPENDENT** | **Participates independently** |
| **S =** | **SUPPORTED** | **Participates adequately with supports** |
| **D =** | **DIFFICULTY** | **Difficulty participating with supports** |
| **U =** | **UNABLE** | **Unable to participate** |
| **N/A =** | **NOT APPLICABLE** | **Not expected within educational program** |

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| **Method of mobility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **MOVEMENT / ACCESSIBILITY** | **PERFORMANCE** | | | |  | **ACTIVITIES OF DAILY LIVING** | **PERFORMANCE** | | | |
| **I** | **S** | **D** | **U** | **I** | **S** | **D** | **U** |
| **Adjusts position as needed** |  |  |  |  | **Cooperates with / assists with personal care** |  |  |  |  |
| **Moves body to / from position (chair, floor)** |  |  |  |  | **Takes food or drink by mouth / eats varied diet** |  |  |  |  |
| **Maintains posture at desk** |  |  |  |  | **Uses utensils / opens containers** |  |  |  |  |
| **Accesses all areas of building** |  |  |  |  | **Manages clothing / fasteners** |  |  |  |  |
| **Moves without fatigue / keeps pace with class** |  |  |  |  | **Uses the bathroom / avoids toileting accidents** |  |  |  |  |
| **Carries cafeteria tray / backpack / books** |  |  |  |  | **Manages personal hygiene / grooming** |  |  |  |  |
| **Moves safely (stairs, halls, playground)** |  |  |  |  | **Prepares a sandwich / snack** |  |  |  |  |

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| **MANAGEMENT OF**  **CLASSROOM TOOLS AND MATERIALS** | **PERFORMANCE** | | | |  | **Glasses** C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png **YES** C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png **NO**  **PRE-WRITING & WRITING** | **PERFORMANCE** | | | |
| **I** | **S** | **D** | **U** | **I** | **S** | **D** | **U** |
| **Activates switch** |  |  |  |  | **Visually focuses on pictures / objects** |  |  |  |  |
| **Holds object / exhibits hand dominance** |  |  |  |  | **Sorts / matches pictures & objects** |  |  |  |  |
| **Uses functional grasp to hold pencil / crayon** |  |  |  |  | **Scribbles / imitates / copies lines & shapes** |  |  |  |  |
| **Coordinates hands/fingers to manipulate items** |  |  |  |  | **Colors within shapes / draws pictures** |  |  |  |  |
| **Uses materials efficiently (pencil, scissor, glue)** |  |  |  |  | **Writes letters, numbers, & name** |  |  |  |  |
| **Organizes desk/ packs & unpacks book bag** |  |  |  |  | **Copies written material from board** |  |  |  |  |
| **Uses keyboard / computer** |  |  |  |  | **Writes / types legibly / keeps pace with writing** |  |  |  |  |

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| **SENSORY SKILLS FOR LEARNING** | **PERFORMANCE** | | | |  | **PREVOCATIONAL / TRANSITIONAL SKILLS** | **PERFORMANCE** | | | |
| **I** | **S** | **D** | **U** | **I** | **S** | **D** | **U** |
| **Responds appropriately to sights** |  |  |  |  | **Attends school daily** |  |  |  |  |
| **Responds appropriately to sounds** |  |  |  |  | **Follows schedule to complete tasks** |  |  |  |  |
| **Responds appropriately to touch & textures** |  |  |  |  | **Shows awareness of time / manages time** |  |  |  |  |
| **Adjusts force when handling or moving objects** |  |  |  |  | **Participates in work / volunteer assignments** |  |  |  |  |
| **Sits without excessive rocking, bouncing, etc.** |  |  |  |  | **Makes purchase / counts change** |  |  |  |  |
| **Responds appropriately to tastes & smells** |  |  |  |  | **Identifies realistic post high school plans** |  |  |  |  |
| **Maintains personal space** |  |  |  |  | **Navigates in the community / uses bus or train** |  |  |  |  |