



Developmental Therapy Associates
& Absolute Speech and Language Therapy

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OT School Intake Form K-12

- To be filled out by the Teacher

The following student has been referred for an occupational or speech therapy evaluation. Please complete this questionnaire so that we may gain a more complete understanding of the child's performance in school. As this child's teacher, your input is very important and any insights are welcome. Information that you provide on this questionnaire will be used as part of the evaluation process and may be stated in the resulting occupational or speech therapy evaluation report. Thank you.

General Demographic Information

Date form completed:

Child's name

Child's date of birth

Child's preferred pronoun

Person completing form

Relation to this child

School name

Grade

School phone number

What is the child's Exceptional Children's Classification (if any)

Please list the support services this child receives through the school (check all that apply)

OT

Speech

PT

Resource

Please Check As Appropriate:

Reading

Writing

Math

What are your concerns regarding the child's classroom performance and functioning?

Dressing Skills

Removing/putting on coat

Manipulating fasteners

Putting clothing/book bag away in locker

Opening book bag

Eating Skills

Eating Finger Foods independently (e.g., sandwiches, chips, cookies)

Using Utensils (e.g spoon, fork, knife)

Drinking from milk carton or cup

Opening milk carton

Making own lunch selection

Carrying lunch tray

Biting and chewing food without difficulty

Swallowing drink or food without choking

Demonstrating neatness when eating

Eating varied food preferences

Using appropriate social skills while eating

Being comfortable in cafeteria Environment

Toileting Skills

Wears a Pullup

Toileting (bowel/bladder)

Managing clothes
independently

Washing/Drying hands

Turning on/off Faucets

Functional Communication Skills

Following verbal directions

Following written directions

Comprehending what is
happening around him/her

Remaining focused despite
environmental sounds

Listening and paying
attention to what is said

Communicating appropriately
with peers.

Socialization Skills:

Asking for help appropriately

Interacting appropriately
without provoking peers
(e.g., does not usually hit,
touch or bump, etc.)

Taking Turns

Sharing materials/toys

Waiting on his/her turn

Working cooperatively on projects

Transitioning to/from school (riding bus, entering/leaving school)

Participating in large group activities (e.g. not withdrawn, overactive, aggressive, passive)

Standing in line without pushing or touching others:

Comments:

Work and Productive Activities

Learning Behavior

Demonstrating attention span appropriate for age

Demonstrating adequate work speed/task completion

Accepting changes in routines

Demonstrating that new situations do not bother him/her

Accepting changes in classroom routines

Learning from verbally presented materials

Learning from visually/written presented materials

Transitioning between activities or locations without difficulty

Writing without reversing letters, numbers, etc.

Copying without omitting words or skipping lines

Reading without omitting words or skipping lines

Demonstrating directional concepts (e.g. up, down, left, right)

Comments

Motor Tasks

Demonstrate a Hand Preference

Manipulating objects without dropping them

Using Scissors

Grasping a pencil

Using a pencil sharpener

Using a stapler

Using paper clips

Printing

Cursive writing

Writing letters/words legibly

Spacing between letters/words when writing

Placing words on the line when writing

Copying from a blackboard

Copying from a book

Using a computer

Maneuvering in classroom
without bumping into chairs,
desks or people

Carrying objects from one
place to the other

Organizing/maintaining desk
area

Maintaining organization of
materials (e.g., does not lose
things)

Sitting without constant
motion

Doing activities without easily
fatiguing

Sitting upright without a
slumped position.

Comments:

Leisure/PlayActivities

Playing well alone

Playing well with peers
Participating in physical
activities without coaxing

Demonstrating confidence
when doing new activities

Following the rules of a game

Joining in an activity once it
has started

Creating or initiating new play
activities

Participating in table top
activities

Participating in “messy” activities (e.g. play doh, finger paint, glue)

Participating in gross motor activities

Using playground equipment (e.g., swing, slides monkey bars, jungle gym)

Jumping rope

Throwing/catching a ball

Kicking a ball

Running

Skipping

Walking in a coordinated manner

Learning new gross motor activities when given verbal directions

Learning new gross motor activities with demonstration of physical assistance

Participating in appropriately in assemblies

Participating in special classes (e.g., art, music, etc.)

Comments

What Classroom Modifications are being used?

How concerned are you about the Impact of the student’s abilities on classroom performance?

Thank you again for taking the time to fill out this form.