

# Tri-County Special Education Occupational and Physical Therapy Screening

## **In the Educational Model:**

*Related services such as Occupational and Physical therapy services are provided only if the student's educational program would become less than appropriate without the service. The IEP team must establish whether the services are needed in order for the child to benefit from his or her education. There are many "related services" that may benefit a child with a disability, just as there are many services that may benefit a child without a disability. This is the difference with a medical model of service that is based on medical need, prescribed by a physician.*

## **This Functional School Performance Checklist:**

**Looks at a student's ability to function within the school environment in several areas.**

*Completion of this form is necessary for the OT and/or PT to determine the need for a formal evaluation and/or continued OT/PT intervention. Please complete this checklist based on your daily observations of this student/your child and **return it to the Special Education Administrator (SEA)**. Thank you.*

### **Functional School Performance Checklist:**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_ Teacher: \_\_\_\_\_

School: \_\_\_\_\_ Teacher's e-mail: \_\_\_\_\_

Diagnosis/IEP Eligibility: \_\_\_\_\_

*Please use the following key when completing the checklist*

**[1] = A consistent problem (as compared to grade level peers) – at least daily or multiple x/day**

**[2] = An infrequent problem (as compared to grade level peers) – weekly**

**[3] = Not a problem (adequate skills)**

**[NA] = Not Applicable to this student (not yet expected, not age-appropriate)**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>N/A</b>	<b>Comments on Performance</b>
<b>School Bus</b>					
Can get on/off the bus w/o assist	_____	_____	_____	_____	_____
Can sit securely on the bus	_____	_____	_____	_____	_____
<b>Doors</b>					
Can open and close all doors	_____	_____	_____	_____	_____
Can move through doorways	_____	_____	_____	_____	_____
<b>Hallways</b>					
Can travel required distances	_____	_____	_____	_____	_____
Can move through crowded hallways	_____	_____	_____	_____	_____
Can negotiate stairs and/or ramps	_____	_____	_____	_____	_____

	1	2	3	N/A	Comments on Performance
<b>Restroom</b>					
Can move in and out of toilet stall	_____	_____	_____	_____	_____
Is safe on wet floor	_____	_____	_____	_____	_____
Can sit or stand at toilet	_____	_____	_____	_____	_____
Can wipe independently	_____	_____	_____	_____	_____
Can manage clothes independently	_____	_____	_____	_____	_____
Can access faucet, soap and towels	_____	_____	_____	_____	_____
Can wash/dry hands independently	_____	_____	_____	_____	_____
<b>Cafeteria</b>					
Can go through the lunch line	_____	_____	_____	_____	_____
Can maneuver in tight spaces	_____	_____	_____	_____	_____
Can carry lunch tray	_____	_____	_____	_____	_____
Can sit at lunch table	_____	_____	_____	_____	_____
Opens milk carton and food packs	_____	_____	_____	_____	_____
Eats and drinks independently	_____	_____	_____	_____	_____
Uses utensils appropriately	_____	_____	_____	_____	_____
Disposes tray and trash w/o assist	_____	_____	_____	_____	_____
Is safe on slippery floor	_____	_____	_____	_____	_____
<b>Playground</b>					
Can access playground	_____	_____	_____	_____	_____
Can play on outdoor equipment	_____	_____	_____	_____	_____
Can negotiate stairs or ramps	_____	_____	_____	_____	_____
Participates in movement activities	_____	_____	_____	_____	_____
Has good safety awareness/activities	_____	_____	_____	_____	_____
<b>Classroom/Library/Art</b>					
Can take off / put on coat, backpack	_____	_____	_____	_____	_____
Can manipulate fasteners/zippers	_____	_____	_____	_____	_____
Can access all materials	_____	_____	_____	_____	_____
Can position at all work stations	_____	_____	_____	_____	_____
Has consistent hand dominance	_____	_____	_____	_____	_____
Can use classroom tools; ruler; stapler	_____	_____	_____	_____	_____
Can manipulate small objects	_____	_____	_____	_____	_____
Can cut with scissors	_____	_____	_____	_____	_____
Holds pencil/crayon correctly	_____	_____	_____	_____	_____
Can write legibly	_____	_____	_____	_____	_____
Can write on the line	_____	_____	_____	_____	_____
Writes/colors with steady hand	_____	_____	_____	_____	_____
Can copy from the board	_____	_____	_____	_____	_____
Can sit still for an activity/in group	_____	_____	_____	_____	_____
Compliant with classroom activities	_____	_____	_____	_____	_____

	1	2	3	N/A	Comments on Performance
<b>Coordination/Clumsiness/Spatial Awareness</b>					
Good sitting/standing balance	_____	_____	_____	_____	_____
Runs into chairs, desks, people	_____	_____	_____	_____	_____
Poor use of one side of the body	_____	_____	_____	_____	_____
Falls easily	_____	_____	_____	_____	_____
Walks on toes	_____	_____	_____	_____	_____
Age-appropriate motor skills	_____	_____	_____	_____	_____
Can learn new motor skills/games	_____	_____	_____	_____	_____
Able to catch, kick, or throw balls	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
<b>Sensory Stimulation</b>					
Tolerates light touch or being touched	_____	_____	_____	_____	_____
Tolerates unexpected touch/sound	_____	_____	_____	_____	_____
Able to calm down after motor activity	_____	_____	_____	_____	_____
Able to self-regulate behavior	_____	_____	_____	_____	_____
Can sit still in seat	_____	_____	_____	_____	_____
Can keep hands to self	_____	_____	_____	_____	_____
Tolerates getting hands messy	_____	_____	_____	_____	_____
<b>Attention to Task</b>					
Able to stay on task	_____	_____	_____	_____	_____
Able to visually attend to task	_____	_____	_____	_____	_____
Follows 2+ step directions	_____	_____	_____	_____	_____
Stays alert during activity	_____	_____	_____	_____	_____

What Interventions have you tried – for how long and what was the outcome?

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

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

Comments: