

JOHNSTON PUBLIC SCHOOLS

Special Services

| | |
|--|-----------------------|
| STUDENT _____ | D.O.B. ____/____/____ |
| SCHOOL _____ | GRADE _____ |
| TEACHER/COUNSELOR _____ | |
| PARENT/GUARDIAN _____ | ADDRESS _____ |
| TELEPHONE: (h) _____ (w) _____ (c) _____ | |

The *Current Concerns Statement* is completed at the Evaluation Team meeting and forwarded as part of the team process to the appropriate evaluator.

Currently receiving special education services: Yes No

If yes - Primary Disability: _____
 Current Service(s): _____

| CURRENT EVALUATIONS | DATE | COMMENTS |
|---------------------------|------|-------------------------------|
| Psychological | | (include personality testing) |
| Educational | | |
| Social | | |
| Medical: | | |
| Other: | | |
| Other agency evaluations: | | |

Evaluation results indicate the following weaknesses which suggest the need for an Occupational Therapy evaluation:

Neuromuscular Status

- ___ abnormal muscle tone – floppy or rigid movement
- ___ lack of hand preference – child may switch hands during fine motor tasks
- ___ tremors – especially while writing
- ___ poor posture – leaning, slouching, head tilted to one side, sitting on the very edge of the chair, preference to stand
- ___ decreased range of motion – limited movement of the extremities
- ___ muscle weakness –child may fatigue easily

Sensory Motor Status

- ___ poor motor planning – child appears to understand the directions, but cannot coordinate or sequence the movements to execute the task (such as trouble getting started, or may get stuck)
- ___ poor visual attention – may include tracking, scanning, or maintaining eye contact
- ___ following or developing a sequence
- ___ body awareness/body scheme – reflected by inappropriate drawings, body parts identification, Simon Says, obstacle course
- ___ clumsiness – bumping into people/furniture, tripping/falling
- ___ tactile discrimination – an excessive craving for avoidance of distinct textures, rough plane, human contact, messy items (glue, finger paint, etc.)

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Special Services

NAME:

D.O.B.:

Activities of Daily Living

- toileting skills – includes management of clothing, cleansing, and balance while on the toilet
- dressing skills – fasteners, orientation of clothing, left/right discrimination for shoes, gloves
- eating skills, drooling, choking, management of tray/packages, use of utensils, etc.

Visual Perceptual Skills

- discrimination of same vs. different
- recognizing familiar objects despite missing parts (complete the picture, dot-to-dot)
- shape/form constancy
- left vs. right
- visual memory
- figure-ground discrimination (hidden pictures)

Fine Motor Coordination

- small object manipulation – may include tool use (ruler, stencils, paper clips, etc.) as well as manipulative skills such as stringing, stacking, sorting, tracing
- scissor skills – include proper handling of scissors, stabilization of the paper with the opposite hand, staying on the target line
- penmanship – pencil grasp, spatial organization within/between words, letter formation, size constancy, graded pressure, legibility

Other: _____

1. What attempts have been made through the IEP process to remediate the weaknesses prior to this referral?

2. Major questions to be addressed during the occupational therapy evaluation:
 - Is this service needed for the student to benefit from his/her special education program?
 - What accommodations/modifications should be made in the classroom or as part of the IEP to address the student's special education needs?
 - Other questions (please attach)

3. Is this child under treatment for any medical concern?

4. Comments:

CHAIR

DATE