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**ELEMENTARY SCHOOL OCCUPATIONAL THERAPY**

**OBSERVATION FORM**

 **RATING IN COMPARISON TO CLASSMATES**

|  |  |
| --- | --- |
| **Student:** | **Teacher:** |
| **DOB: Age: Grade: Class:**  | **Occupational Therapist:** |
| **Program: (Gen Ed, Spec Ed, ICT)** | **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*

|  |  |
| --- | --- |
| **SOCIAL PARTICIPATION & EMOTIONAL REGULATION** | **Difficulties Observed** |
| Developing friendships, working cooperatively, identifying feelings & managing emotions, etc. |  |
| **WORK BEHAVIORS** |  |
| Following directions, rules & routines, sustaining effort, attending, solving problems, etc. |  |

**Observation of Student Skills:**

|  |  |  |
| --- | --- | --- |
| **ACCESS / MOVEMENT** | **Functional** |  **Difficulties Observed** |
| **Yes** | **No** |
|  | **Adjusts position for comfort / maintains posture** |  |  |  |
|  | **Moves without fatigue / keeps pace with class** |  |  |
|  | **Moves safely / accesses all areas of building** |  |  |
| **ACTIVITIES OF DAILY LIVING** |
|  | **Uses bathroom / manages hygiene / manages meals** |  |  |  |
|  | **Manages clothing / fasteners**  |  |  |
|  | **Organizes folders / notebooks / desk / book bag** |  |  |
| **MANAGEMENT OF CLASSROOM TOOLS AND MATERIALS** |
|  | **Coordinates hands / fingers to manipulate small items** |  |  |  |
|  | **Controls movement of crayon / pencil** |  |  |
|  | **Uses classroom tools / scissors / ruler / glue / computer** |  |  |
| **PRE-WRITING & WRITING Glasses** C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png **YES** C:\Users\eting21\Downloads\1458708249_checkbox_unchecked.png **NO**  |
|  | **Draws shapes / figures**  |  |  |  |
|  | **Copies / writes independently, legibly, and at pace** |  |  |
|  | **Displays visual skills for school tasks** |  |  |
| **SENSORY SKILLS FOR LEARNING** |
|  | **Responds appropriately to sights and sounds in school** |  |  |  |
|  | **Responds appropriately to touch and various textures**  |  |  |
|  | **Adjusts force when handling or moving objects** |  |  |
|  | **Sits without excessive rocking, bouncing, or spinning** |  |  |
|  | **Responds appropriately to tastes & smells** |  |  |
|  | **Maintains personal space** |  |  |