



Input checklist for Occupational Therapy (OT) Services Adolescent/Young Adult

Date: _____ Student Name: _____

DOB: _____ Student #: _____ Grade: _____

Teacher: _____ School: _____

This checklist is intended to help identify areas where students have difficulties that may be addressed by the school Occupational Therapist. Please check of areas of concern or difficulty. Comments are welcome. Please forward to your school Occupational Therapist. Thank you for your help.

The student has difficulty: (please check all that apply)

- Keeping self upright in seat when doing table or desk work.
- Holding writing utensils and other “tools.”
- Keeping the paper in place while writing or printing.
- Producing a functional, legible signature/words/sentences.
- Using scissors, glue, books, paper, stapler, calculator and other supplies in the classroom.
- Gathering and putting away classroom materials.
- Using classroom appliances and switches.
- Timely completion of tasks/written assignments.
- Managing coat/backpack/locker/keys/combo lock.
- Managing clothing fasteners while in school or restroom.
- Managing accessible toilet/sink and paper towel dispenser.
- Personal care awareness/hygiene.
- Participating in personal health assistance activities.
- Managing lunch line, carrying tray in cafeteria, disposing of the trash.
- Opening and closing food or utensil packages.
- Using regular eating utensils.
- Eating and drinking without spilling.
- Wiping/cleaning face, hands, nose.
- Preparing a simple snack/reading simple instructions.
- Operating computer functions.
- Using the computer i.e. inserting CD Rom/ navigating software.
- Using the keyboard, mouse, track ball.
- Communicating and expressing needs/making choices.
- Attending to simple repetitive tasks.
- Performing multi-task activities.
- Participating in pre-vocational work habit development activities.
- Using the telephone.
- Using transportation
- Participating in leisure skills

COMMENTS: