



## *Input checklist for Occupational Therapy (OT) Services Elementary*

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)**

- Difficulty with transition from manuscript to cursive.
- Producing legible written assignments.
- Holding writing utensils.
- Keeping the paper in place while writing/printing.
- Copying from the chalkboard or overhead.
- Writing on the chalkboard.
- Using and writing in workbook.
- Keeps place in workbook.
- Working from left to right.
- Using scissors and other educational tools/supplies.
- Operating a computer and inserting diskettes/CD/navigating software.
- Using the keyboard, mouse, and track ball.
- Keeping self upright in seat when doing desk or table work.
- Using books, paper, stapler, tape, glue, calculator, and other supplies in the classroom.
- Gathering and putting away classroom materials.
- Keeping belongings organized in assigned space.
- Using classroom appliances and switches.
- Eating without spilling.
- Eating typical foods.
- Drinking without spilling.
- Eating/drinking within the allotted amount of time.
- Wiping and cleaning face.
- Using regular eating utensils.
- Opening and closing food/utensil package.
- Managing the lunch line/carrying tray in cafeteria.
- Timely completion of tasks.
- Managing coat, backpack, locker.
- Managing clothing and/or fasteners in the restroom and school environment.
- Personal care awareness/hygiene.
- Managing accessible toilet/sink and paper towel dispenser.
- Washing and drying hands.
- Opening and closing doors.

**COMMENTS:**