

**Great Prairie AEA
Teacher Request for Occupational Therapy Collaboration**

Please complete this form when contacting an Occupational Therapist for student-specific concerns. This gives the OT information to consult with you about strategies and activities for this student. This form does not replace an intervention plan or evaluation. It is designed for screening and problem-solving.

Student Name: _____ Birthdate: _____

Parents: _____ Phone Number: _____

Address: _____

The parent is aware of this concern and that occupational therapy services have been requested to assist in problem solving activities.

Date contacted: _____; Person contacting parents: _____

1. Circle the problem area.

1. Self-Help

- a. Feeding & eating
- b. Dressing
- c. Hygiene/toileting
- d. Cafeteria

2. Educational

- a. Fine motor/visual motor
- b. Handwriting-Attach samples
- c. Computer/keyboarding
- d. Organization
- e. Other _____

3. Play & Leisure

2. Define the behavior which is problematic. Be as specific as possible, including examples.

3. Describe the expected performance. For example, "What are peers doing?"

4. List activities, strategies or modifications that have been tried and the results.

5. If request for writing concerns, please provide the following information:

a. samples from student and 2 peers

b. curriculum used for handwriting _____ frequency _____

c. circle approximate reading level of student: Below Average Average Above Average

Teacher: _____

District: _____ Building: _____

Grade: _____ Date: _____