

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE

OCCUPATIONAL THERAPIST REPORT ON REFERRED STUDENTS

STUDENT'S NAME

D.O.B.

SCHOOL

Therapist's observations:

a. Classroom observations: _____

b. Personal contact: _____

c. Teacher input: _____

State student's strengths and weaknesses in the following areas:

a. Fine Motor: _____

b. Visual Motor: _____

c. Perceptual: _____

d. Other (Upper extremity strength, coordination, etc.): _____

Recommendations:

Therapist's Signature

Date