

STUDENT: _____ SCHOOL: _____

GRADE: _____ DATE OF COMPLETION: _____

TEACHER: _____ RESOURCE TEACHER: _____

1. Prioritize 3 areas of concern you have about the student in your classroom:

a) _____

b) _____

c) _____

2. Relevant assessments completed and/or referrals made to date (e.g., psychologist, medical specialist, previous therapist), including date(s):

_____3. **Parents and school personnel will be expected to follow through with the activity suggestions provided by the therapist. Who is the person responsible to provide carryover of the therapy program in the school environment?**☐ Teacher ☐ Educational Assistant ☐ Co-op Student ☐ Resource ☐ Teacher Volunteer ☐ Other4. Please comment on any additional factors/concerns which may have an impact on the student's performance:

_____☐ **FINE MOTOR DIFFICULTIES**

1. Have alternative pencils, grips or specialized lined paper been trialed with the student?

☐ Yes (specify) _____ Outcome: _____

2. Does the student have access to a computer at school?

☐ No ☐ Yes If yes: ☐ in class ☐ in library or lab Time/day: _____

3. Have modifications to written output expectations been made for this student?

☐ No ☐ Yes If yes, please specify _____

4. Is the child's writing level significantly below his/her reading level? (e.g. student is able to read a passage and answer questions verbally, but not in written form)

☐ No ☐ Yes Comments _____5. Please provide details re: any printing or writing strategies and/or programs that have been tried in the classroom to improve the student's fine motor skills (e.g. "Loops and Groups", "Handwriting Without Tears", "Callirobics", Resource Support, etc.)

_____6. Sample(s) attached of student work (dated) with comments, as appropriate. ☐ No ☐ Yes**COMMENTS:**