****

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Time spent\_\_\_\_\_\_\_

Teacher/Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ OT evaluation Needed (refer to Psychologist or case manager on IEP)

\_\_\_\_ See Suggestions and follow up with OT as needed

 \_\_\_ Does not need direct OT if suggestions followed through or \_\_\_\_ No IEP or 504 qualifications for direct OT services

\_\_\_\_ Not applicable to OT or No concerns noted for school-based OT

Handwriting Suggestions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adaptive Paper \_\_\_ see attached or buy it\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Underline bottom line \_\_\_\_\_ Draw word boxes/lines \_\_\_\_\_\_\_ Highlight bottom line

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pencil grip type \_\_\_\_\_ Short pencils/broken crayons

\_\_\_\_Spacer

Difficulties noted with:

\_\_\_\_ Letter formation \_\_\_\_ Letter size \_\_\_\_ spacing \_\_\_\_\_ Line adherence

\_\_\_\_ Near Point copy \_\_\_\_ far point Copy \_\_\_\_ Independent writing (academic issue, or OT issue)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scissor Skills Suggestions:

\_\_\_\_ Stickers or Dots on line to follow to cut

\_\_\_\_ Encourage use of Helper hand

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ adaptive scissors (specify if necessary)

Sensory Suggestions:

ORAL:

\_\_\_ Chewy VISUAL:

\_\_\_ Crunchy foods or gum \_\_\_ Low lights

\_\_\_ Verbal cue to stop \_\_\_ Covers on Lights

\_\_\_ Not sensory related \_\_\_ Flashing or no flashing lights

TACTILE: MOVEMENT:

\_\_\_ Sensory Brushing \_\_\_ Pressure/weighted vest (wear time on back) \_\_\_ Stand at tall desk or kneel

\_\_\_ Sensory bins \_\_\_ Lap pad \_\_\_ Wiggle seat

\_\_\_ start slow and on their terms \_\_\_ Fidgets \_\_\_ Out of class breaks

 \_\_\_ Movement Breaks (see attached) (see back)

 \_\_\_ Allow move about in class \_\_\_ Sensory Room

\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pressure and weighted Vest wearing Guidelines:

* Wear for 20-20 minutes then off for 1.5-2 hours
* Weight should be 5-10% of body weight and no more than 10%. Always error on the lighter side.
* Send note home to parent and do not start until parent has given signed consent (OT will provide note)
* It is best to have student wear it during table top or attentive activities for the classroom.

Out of the Classroom Breaks:

* Carry a Ream of paper or heavy object to designated teacher/office
* Have student take a note to a designated teacher/office
* Have student wear a “heavy back pack” and carry note
* Hippity hopper in the hallway with an adult or arrange with PE teacher
* Carry “heavy” milk jugs up and down stairs or in hallway
* Get a drink of water
* Got to a designated “safe room”

Any other questions or follow up if suggestions are not working please contact your OT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please allow for 2-3 weeks of using suggestions before dismissing it. It takes more than 1 time to trial something.

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COTA/OTR Signature