

**CHILDREN'S OCCUPATIONAL THERAPY  
TEACHER REFERRAL FORM – School /Nursery based referrals**

**PLEASE COMPLETE IN CAPITAL LETTERS**

Please provide a sample of handwriting where this has been identified as an area of need.

<b>NAME:</b>		<b>M/F</b>	<b>Date of Birth</b>	
<b>ADDRESS:</b>		Is this address protected: YES / NO		
<b>POST CODE:</b>		<b>YEAR GROUP:</b>		
<b>NAME OF LEGAL GUARDIAN:</b>		<b>Known risk to Therapy Staff:</b>		
<b>MAIN CARER:</b>				
<b>HOME TEL NO:</b>		<b>WORK TEL NO:</b>		
		<b>MOBILE NO:</b>		
<b>SCHOOL ADDRESS:</b>		<b>SCHOOL TELEPHONE NUMBER:</b>		
<b>POSTCODE:</b>		<b>EMAIL ADDRESS FOR SCHOOL:</b>		
<b>CLASS TEACHER NAME:</b>		<b>GP NAME:</b>		
		<b>ADDRESS:</b>		
<b>SENCO NAME:</b>		<b>TEL NO:</b>		
<b>OTHER PROFESSIONALS INVOLVED:</b>				
<b>PLEASE CONFIRM THAT THE REFFERAL HAS BEEN DISCUSSED WITH LEGAL GUARDIAN AND THEIR CONSENT FOR REFERRAL IS GIVEN:</b> YES / NO				
Please explain what SEN procedures are in place for the child				
<b>Are there any areas of the child's development that is not in line with their peers?</b> YES / NO If YES please state areas and indicate developmental level if know				
<b>What areas of daily living activities in school, does the child have difficult with?</b> <i>Include where necessary eating and drinking, functional mobility, toileting, dressing, personal hygiene.</i> Please explain difficulty and indicate what support they require.				
<b>What areas of functional need do you want Occupational Therapy to address?</b>				
<b>Please comment on the child's attention span, concentration and organisational skills.</b>				

Please explain any difficulties the child has relating to fine-motor skills such as drawing, writing, cutting and using classroom tools.

Preferred Hand:

*Left/right/or hand swapping still evident*

Please explain any difficulties the child has relating to gross-motor skills for example in PE / sports clubs such as endurance, ball skills, balance, co-ordination.

Please explain any difficulties the child has relating any sensory-seeking (constant fidgeting, making noises, mouthing objects), sensory avoidance (withdrawn, doesn't like getting messy, sensitive to large groups and noises) or other sensory behaviour that interferes with their classroom participation.

What programmes / strategies / interventions have been tried and implemented to address the child's difficulties?

What were the outcomes of these?

What groups/programmes/interventions do you have available within your school that child could attend?

What support can you provide to deliver a programme of therapeutic intervention?

Would the school benefit from training related to difficulties raised in this referral or in regard to other children within the school. For example fine motor skills, gross motor skills, handwriting, sensory issues.  
Please list

Would the school be able to offer accommodation for such an event, to include local teachers not from your school? This training would be offered free of charge at a time that was suitable for your school      YES / NO

*Please send completed form to:*

Duty Triage Team, Children's Occupational Therapy Service, Children's Centre, Chester le Street Community Hospital, Front Street, Chester le Street, Co Durham DH3 3AT

Tel No: (Main Line) 0191 3876359      Fax: 0191 3876378

This form can be emailed securely to [cdda-tr.childrensoccupationaltherapy@nhs.net](mailto:cdda-tr.childrensoccupationaltherapy@nhs.net)

HANDWRITING SAMPLE FOR KEY STAGE 1: (please state name of child..... and date completed .....

**Please write your Name:** \_\_\_\_\_

**Please copy these shapes in the space below:**



**Please write all the numbers up to 20:**

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**Please copy this sentence below:**

The quick brown fox jumps over the lazy dog.

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Please draw a picture of yourself:

HANDWRITING SAMPLE FOR KEY STAGE 2:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please copy this sentence below:

Pack my box with five dozen liquid jugs

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Please fill in the blanks:

At weekends I like to...

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My hobbies are...

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My Pets/holidays/favourite TV programs/computer games are...

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