**PAEDIATRIC OCCUPATIONAL THERAPY**

**SCREENING PROFORMA - Pre-5**

**This form must be completed and returned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The following information is required in order to process the Occupational Therapy referral for this child.**

**In line with Departmental Policies and Procedures, the Paediatric Occupational Therapy Service can only process the referral with the completed Screening Proforma**

**This proforma forms part of the Paediatric Occupational Therapy Service Protocol for children attending mainstream schools**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The following information is required in order to process the Occupational Therapy referral for this child.** | |  | **School Action** |  |
| **Name:** |  |  | **IEP** |  |
| **Placement:** |  |  | **My Support** |  |
| **Date of Birth** |  |  | **EHCP** |  |

**COMMUNICATION AND LANGUAGE (Please tick Developmental Age)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **12 months** | **12-18 months** | **2 years** | **3 years** | **4-5 years** | **comments** |
| **Listening and Attention** |  |  |  |  |  |  |
| **Understanding** |  |  |  |  |  |  |
| **Speaking** |  |  |  |  |  |  |

**LITERACY (Please tick Developmental Age)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **12 months** | **12-18 months** | **2 years** | **3 years** | **4-5 years** | **comments** |
| **Reading** |  |  |  |  |  |  |
| **Writing** |  |  |  |  |  |  |

**MATHEMATICS (Please tick Developmental Age)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **12 months** | **12-18 months** | **2 years** | **3 years** | **4-5 years** | **comments** |
| **Numbers** |  |  |  |  |  |  |
| **Shape, Space and Measures** |  |  |  |  |  |  |

**FINE MOTOR SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick** | **1** | **2** | **3** | **4** | **Comments** |
| **Builds a tower out of 9 / 10 cubes** |  |  |  |  |  |
| **Cuts with toy scissors making continuous cuts** |  |  |  |  |  |
| **Paints with large brush on easel** |  |  |  |  |  |
| **Threads large beads onto a shoelace** |  |  |  |  |  |
| **Rolls play dough into a sausage shape** |  |  |  |  |  |

**GRAPHIC SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick** | **1** | **2** | **3** | **4** | **Comments** |
| **Holds pencil with a functional grip** |  |  |  |  |  |
| **Keeps supporting hand on paper when writing** |  |  |  |  |  |
| **Imitates a circle, large horizontal and vertical line** |  |  |  |  |  |
| **Copies a circle, large horizontal and vertical line** |  |  |  |  |  |
| **Imitates letters - 'V', 'H' and 'T'** |  |  |  |  |  |
| **Copies letters - 'V', 'H' and 'T'** |  |  |  |  |  |
| **Can draw a person with head (horizontal and vertical lines and dots)** |  |  |  |  |  |

|  |
| --- |
| **Key:**  **1 – can achieve independently**  **2 – independent but slow and methodical, maybe with trial and error**  **3 – requires assistance**  **4 – unable to achieve** |

**GROSS MOTOR SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick** | **1** | **2** | **3** | **4** | **Comments** |
| **Can turn around obstacles and corners whilst running** |  |  |  |  |  |
| **Can turn around obstacles and corners whilst pulling/ pushing large toys** |  |  |  |  |  |
| **Walks forwards, backwards and sideways** |  |  |  |  |  |
| **Rides tricycle using pedals** |  |  |  |  |  |
| **Can steer tricycle around wide corners** |  |  |  |  |  |
| **Can stand and walk on tiptoe** |  |  |  |  |  |
| **Can balance momentarily on one foot (preferred foot) when demonstrated** |  |  |  |  |  |
| **Can sit on the floor with feet crossed** |  |  |  |  |  |
| **Can throw a large ball with two hands** |  |  |  |  |  |
| **Can catch a large ball on or between extended arms** |  |  |  |  |  |
| **Kicks ball forcibly** |  |  |  |  |  |
| **Able to appreciate size of own body in relation to self and others, i.e. not bumping into things** |  |  |  |  |  |

|  |
| --- |
| **Key:**  **1 – can achieve independently**  **2 – independent but slow and methodical, maybe with trial and error**  **3 – requires assistance**  **4 – unable to achieve** |

**INDEPENDENCE SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick** | **1** | **2** | **3** | **4** | **Comments** |
| **Dressing** |  |  |  |  |  |
| **Washing** |  |  |  |  |  |
| **Toileting** |  |  |  |  |  |
| **Eating and Drinking** |  |  |  |  |  |

**SOCIAL/COMMUNICATION SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick** | **1** | **2** | **3** | **4** | **Comments** |
| **Playground Interaction** |  |  |  |  |  |
| **Social-Emotional** |  |  |  |  |  |
| **Communication** |  |  |  |  |  |

|  |
| --- |
| **Key:**  **1 – can achieve independently**  **2 – independent but slow and methodical, maybe with trial and error**  **3 – requires assistance**  **4 – unable to achieve** |

**Completed by:**

**Designation:**

**Date:**