



# The School District Of Escambia County

## J.E. HALL EDUCATIONAL SERVICES CENTER

30 EAST TEXAR DRIVE  
 PENSACOLA, FL 32502 PHONE (904) 432-6121  
<http://www.escambia.k12.fl.us>  
 MALCOLM THOMAS, SUPERINTENDENT

# Occupational Therapy - Physical Therapy Screening Request Form

***Referring Source to complete this section:***

Student Name:

Birthdate:  Student ID:  Grade:

School:  Teacher:

Please check services that student is receiving:

General Education	<input type="checkbox"/>	ESE Placement	<input type="checkbox"/>
Speech/Language Therapy	<input type="checkbox"/>	Resource Room	<input type="checkbox"/>
Adapted PE	<input type="checkbox"/>	Self-contained	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Health Problems (include medications)


Screening Requested (please circle)      Occupational Therapy      Physical Therapy

Reason for Screening:

Referral Source:	Position:	Date: <input type="text"/>

***Therapist to complete this section:***

Sign and date appropriate block

	Occupational therapy evaluation not indicated
	Student needs O.T. evaluation. Please initiate re-evaluation meeting to obtain consent for O.T. evaluation.
	Physical therapy evaluation not indicated
	Student needs P.T. evaluation. Please request parents to obtain physician's prescription in order to evaluate. After receiving prescription, initiate re-evaluation meeting to obtain consent.

Special equipment needs? (brace, splint, glasses, keyboard, pencil grip, etc)

Any difficulties with feeding? (cup, fork, spoon, drooling, amount of assistance, excessive spillage)

Any problems in the classroom, or other pertinent information, that we should consider when evaluating this child?

<b><i>GROSS MOTOR</i></b>	NONE	MILD	MOD	SEVERE
Child falls easily				
Clumsiness in walking				
Cannot perform motor skills as expected for age such as hopping, skipping, running, jumping, ball skills, etc.				
Child appears to be weak, fatigues easily				
Child moves stiffly, rigid, tense or floppy movements				
Equipment and positioning needs				
<b><i>FINE MOTOR</i></b>				
Holds pencil, crayon, or chalk awkwardly				
Writing pressure too heavy or light				
Has difficulty with prewriting or handwriting skills				
Has difficulty using scissors				
Inconsistent hand preference or switching hands				
Difficulty with shoe tying, buttons, zippers, etc.				
<b><i>SENSORIMOTOR</i></b>				
Moves impulsively				
Runs into persons or things				
Avoids certain activities				
Poor attention, easily distracted				
Difficulty with motor planning				
Does child need to feel or touch things before engaging/participating				
Over reacts to touch or physical contact, may hit or withdraw				

***Please return to***

Dr. Cheryl Guilbeau  
 JE Hall Educational Services Center  
 30 East Texar Drive, Pensacola, FL 32503  
 Fax: 850-429-2968