OT Referral/RTI Form

2nd Draft - May 2023

*Purpose: This form is intended to provide information about students who have difficulty accessing their general education program, who may benefit from Occupational Therapy Services. These services may range from classroom observation and general recommendations, to further evaluation and possible Occupational Therapy services. This form is **not** a formal permission to test (as required by state and federal law), but rather provides necessary information and permission for your Occupational Therapist to consult regarding a specific student with a specific need.*

Student:_____ School:_____ Grade:_____
General Ed Teacher: _____ Resource Teacher: _____
Classification: _____ Services receiving: Resource/ Speech/ PT/ Other
Age: _____ DOB: _____ Today's Date:_____

Who is making the referral? _____Parent/ Teacher/ SpEd Coordinator/ Other
Is the student's parent(s) aware of areas of concern? Y / N
Comments: _____

What are your concerns regarding the students ability to participate in class?
_____
_____
_____

Which strategies or interventions have you tried? *(scan QR code for common recommendations)* _____
_____
_____
_____
_____

What was the student's response to these interventions?_____
_____

Has your school OT had the opportunity to observe your class and make suggestions related to what this student is struggling with? Y / N
Have you spoken with your school OT about this student specifically? Y / N
Have you discussed this student with Resource/Special Ed Staff? Y / N

- ☐ Permission to Test was signed on _____ (date)
- ☐ Evaluation Results/IEP is scheduled for _____ (date)

_____
Signature

OT Observation Form

This section to be completed by the Occupational Therapist.

OT Referral/RTI Form received on: _____
Observation Date(s): _____

Observation Notes: _____
_____
_____
_____
_____
_____
_____
_____
_____

Recommendations for Modifications/Adaptations/Strategies:

Modify the Task	Modify the Environment	Other

Action Plan:

_____ With appropriate modifications/strategies in place, the student is able to participate in his/her preschool curriculum, with support from teachers and staff.

_____ Occupational Therapy to continue to train, educate, and support teachers and staff regarding strategies to maximize students' participation in class.

_____ Further evaluation is indicated.

- _____ A Permission to Test was sent home on _____ (date)
- _____ An Evaluation Results/IEP is scheduled for _____ (date)

_____ _____

Occupational Therapist Date