

**Education Queensland  
Occupational Therapy and Physiotherapy Services  
Service request form**

**Instructions for completing this form**

- Complete all sections of this cover sheet, including reason for request and level of concern below.
- Complete pages 2–4 (Indicators of need for occupational therapy and/or physiotherapy assessment) by ticking statements that describe the student's observable behaviour or function. In particular, consider whether or not these behaviours or difficulties **affect the student's ability to participate in the education program**.
- These indicators of need are not predictive and are not intended to reflect a developmental hierarchy. The number of indicators ticked is not related to priority for assessment.
- Do not tick statements that are not applicable to the student or not relevant to the school program.
- You can provide further information in the 'Additional comments' sections, particularly if the student's impairment prevents or limits access to, and participation in, the education program; or you are concerned about the student's health and safety.

**Student information**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ EQ ID \_\_\_\_\_

Is the student verified under the Education Adjustment Program? ☐ No ☐ Yes

Verified impairment category details \_\_\_\_\_

OR Enrolled in a special school and awaiting verification? ☐ No ☐ Yes

OR Enrolled in Prep and eligible for an early childhood development program or service? ☐ No ☐ Yes

OR Registered for an early childhood development program or service? ☐ No ☐ Yes

School \_\_\_\_\_ Class \_\_\_\_\_ Teacher \_\_\_\_\_

Other information \_\_\_\_\_

Reason for request for service (Include comments about how the student's education program could be supported by an occupational therapist and/or physiotherapist.)

\_\_\_\_\_

Current therapy providers (e.g. hospital therapist, private therapist, none)

\_\_\_\_\_

Other specialist support personnel or agencies involved with the student (e.g. advisory visiting teacher)

\_\_\_\_\_

Indicate your/the education team's level of concern regarding the student's achievement of education goals.

1	2	3	4	5
mildly concerned		concerned		extremely concerned

Is a change of school/program/class anticipated for this student in the near future? yes/no

Does the student currently have a modified or individualised program? yes/no

Details of goals identified in student's individualised plan (attach copy if available).

\_\_\_\_\_

# Indicators of need for occupational therapy and/or physiotherapy assessment

## 1. Movement in the school environment

- 1 ☐ Has difficulty moving around the school environment
- 2 ☐ Has difficulty changing positions as required at school (e.g. down to and up from the floor)
- 3 ☐ Requires assistance or lifting to move from one position or activity to another
- 4 ☐ Uses a wheelchair or other mobility aid (give details below)
- 5 ☐ Needs supervision or help with use of the wheelchair or other mobility aid
- 6 ☐ Appears stiff and/or awkward, affecting movement in the school environment
- 7 ☐ Appears clumsy, frequently bumps into objects, cannot negotiate obstacles, falls often
- 8 ☐ Appears to be weak or 'floppy', affecting movement at school
- 9 ☐ Has tightness in the muscles which affects functional movement at school
- 10 ☐ Appears to have difficulty maintaining balance, readjusts posture frequently
- 11 ☐ Has difficulty maintaining a stable position in a chair or on the floor
- 12 ☐ Has difficulty negotiating stairs and ramps
- 13 ☐ Has difficulty or avoids using a range of playground or gross-motor play equipment
- 14 ☐ Has difficulty with skilled movements such as running, hopping, jumping or skipping if school aged, or rolling, crawling, climbing or running, if younger (compare performance with that of same-age peers)

**Additional comments (relate these to movement in the school environment):**

## 2. Access to learning and participation in the school program

- 15 ☐ Difficulty with activities requiring use of pencil/crayon or similar writing/drawing implement, compared to same-aged peers
- 16 ☐ Difficulty with completing written tasks in the time allocated
- 17 ☐ Avoids tasks or play requiring fine grasp or manipulation of objects
- 18 ☐ Has difficulty with activities in the classroom requiring scissors or other cutting instruments
- 19 ☐ Has difficulty with tasks requiring use of two hands together
- 20 ☐ Has difficulty handling and using small items at school
- 21 ☐ Has or requires special adjustments/equipment to use a computer
- 22 ☐ Has difficulty with physical access to a switch, computer or communication device
- 23 ☐ Demonstrates behaviours such as distractibility, impulsivity, restlessness, disorganisation which affects ability to engage in learning
- 24 ☐ Appears to have difficulty interpreting visual information, e.g. discriminating shapes, pictures, letters, words or numbers
- 25 ☐ Has difficulty copying information from a blackboard/whiteboard/OHP or texts
- 26 ☐ Has difficulty participating in play or physical education activities involving bouncing, catching or throwing balls

- 27 ☐ Fearful of activities in the playground involving heights or fast movements
- 28 ☐ Seeks out particular activities in the playground (e.g. swinging, spinning, bouncing)
- 29 ☐ Has difficulty completing age-appropriate cooking, shopping and homemaking tasks
- 30 ☐ Has difficulty participating in or acquiring basic work skills
- 31 ☐ Requires work tasks to be simplified and sequenced in order to complete

**Additional comments (relate these to student's ability to participate in the program, engage in learning and access the curriculum):**

### 3. Caring for self at school

- 32 ☐ Has trouble changing clothes and difficulty with fasteners such as buttons, shoelaces, zippers
- 33 ☐ Resists wearing certain types of appropriate clothing (give details)
- 34 ☐ Needs assistance or special equipment at mealtimes (give details)
- 35 ☐ Unable to manage toileting independently, or requires special equipment (give details)
- 36 ☐ Does not pay attention to own appearance and has difficulty managing age-appropriate personal hygiene

**Additional comments:**

### 4. Behaviour and social skills at school

- 37 ☐ Engages in persistent obsessive and/or repetitive behaviours which interfere with learning
- 38 ☐ Appears to be upset by touch and avoids contact with others
- 39 ☐ Excessively seeks touch/contact with other people and or objects
- 40 ☐ Has difficulty interacting with other students
- 41 ☐ Demonstrates inappropriate play/leisure skills (give details)

**Additional comments (relating to behaviours or social skills which are barriers to learning):**

## 5. Other information

- 42 ☐ There are health and/or safety concerns that affect the student's school program
- 43 ☐ Currently uses specialised equipment/furniture (describe below, including any problems or concerns)
- 44 ☐ Uses a splint/s or other orthotic device at school (describe below, including any problems or concerns)

**Additional comments:**

Name of person requesting service \_\_\_\_\_ Position \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Preferred contact times \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's (or nominee's) signature \_\_\_\_\_ Date \_\_\_\_\_

### What do I do now?

Please return this form to the occupational therapists and physiotherapists in the district. Specific contact details are listed below:

### Action checklist for teachers (please tick)

- ☐ Request discussed with parent or caregiver and consent form signed and attached.
- ☐ Request discussed with other specialist support personnel.
- ☐ Copy of student's individualised plan and other relevant information attached.