

APPENDIX 7

OCCUPATIONAL THERAPY TOOLKIT CHECKLIST

Please complete this by identifying areas of toolkit used, how this helped and improvements observed. This will then need to be sent with the Children's Therapy Referral Form, should there be ongoing concerns.

AREAS OF IDENTIFIED NEED	ACTIVITIES USED	ADDITIONAL INFORMATION, IE PROGRESS MADE, ONGOING CONCERNS
Posture	Bottom placed into back of chair <input type="checkbox"/>	
	Feet flat on floor <input type="checkbox"/>	
	Forearms resting on surface of table <input type="checkbox"/>	
	Leaning over desk <input type="checkbox"/>	
Gross Motor Skills	Motor Planning <input type="checkbox"/>	
	Body Awareness <input type="checkbox"/>	
	Position in Space <input type="checkbox"/>	
	Balance <input type="checkbox"/>	
	Upper Body Strength <input type="checkbox"/>	
	Shoulder Stability <input type="checkbox"/>	
	Both sides of body working together <input type="checkbox"/>	

Fine Motor Skills	Hand/Eye Co-ordination	<input type="checkbox"/>	
	Hand and Finger Dexterity	<input type="checkbox"/>	
	Hand Grasp Strengthening	<input type="checkbox"/>	
	Pinch and Pincer Grip	<input type="checkbox"/>	
Handwriting	Posture	<input type="checkbox"/>	
	Upper Body Strength	<input type="checkbox"/>	
	Upper Body Stability	<input type="checkbox"/>	
	Hand/Eye Co-ordination	<input type="checkbox"/>	
	Hand Strength	<input type="checkbox"/>	
	Dexterity	<input type="checkbox"/>	
	Pre-Writing Skills (multi sensory)	<input type="checkbox"/>	
	Letter Formation	<input type="checkbox"/>	
Scissors	Posture	<input type="checkbox"/>	
	Correct Scissors used	<input type="checkbox"/>	
Dressing	Posture	<input type="checkbox"/>	
	Upper body	<input type="checkbox"/>	
	Lower Body	<input type="checkbox"/>	
	Fastenings – buttons, zips, buckles	<input type="checkbox"/>	

Feeding	Posture	<input type="checkbox"/>	
	Spoon	<input type="checkbox"/>	
	Fork	<input type="checkbox"/>	
	Knife and Fork	<input type="checkbox"/>	
	Drinking from open cup	<input type="checkbox"/>	
Toileting	Posture	<input type="checkbox"/>	
	Clothing	<input type="checkbox"/>	
	Hygiene	<input type="checkbox"/>	

Please indicate how often have the activities/strategies been put into place?

Daily **3-4 times a week**

I can confirm that the Occupational Therapy Toolkit has been put into place for one full school term.

Signature **Date**