

**MOTOR DEVELOPMENT REFERRAL FORM**  
**NEBO SCHOOL DISTRICT**  
**Grades 1 - 12**

Student: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Classification: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Vision: \_\_\_\_\_  
Other medical concerns: \_\_\_\_\_

Date of referral: \_\_\_\_\_  
School: \_\_\_\_\_  
Regular education teacher: \_\_\_\_\_  
Special education teacher: \_\_\_\_\_  
Grade, AM or PM, days at school: \_\_\_\_\_  
Hearing: \_\_\_\_\_

**IQ Testing**

Name of test: \_\_\_\_\_  
Full Score: \_\_\_\_\_  
Performance: \_\_\_\_\_

Date Given: \_\_\_\_\_  
Verbal: \_\_\_\_\_

**Academic levels:**

Reading: _____	Date of assessment: _____	Child's CA: _____
Spelling: _____	Date of assessment: _____	Child's CA: _____
Math: _____	Date of assessment: _____	Child's CA: _____

**Services student is currently receiving:**

Resource: \_\_\_\_\_  
Speech: \_\_\_\_\_  
Vision: \_\_\_\_\_

Other school related services: \_\_\_\_\_  
Outside services (i.e. private): \_\_\_\_\_

Is current Parental consent to Evaluate in place? Yes/No

Date of parent signature: \_\_\_\_\_

Parent: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Person making referral: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**STATUS OF REFERRAL:**

Action completed regarding reason for referral.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Reason for referral does not warrant assessment at this time.

Comments: \_\_\_\_\_  
\_\_\_\_\_

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Signature and date

Please complete the following questionnaire and return through district mail to the Nebo Learning Center. If the parent/guardian has initiated this referral, please have them fill out this form in addition to the one being completed by the student's school team.

The following questionnaire is formatted into three areas to identify the reason(s) for referral. The three areas include Educational Activities, Activities of Daily Living, and Functional Mobility. Please check and briefly explain any areas of concern as well as attempted strategies.

**REASONS FOR REFERRAL**

**Educational Activities:** (check all that apply)

	<u>EXPLANATION</u>	<u>ATTEMPTED STRATEGIES</u>
<ul style="list-style-type: none"> <li>• Written Communication – the student has difficulty with the following activities:               <ul style="list-style-type: none"> <li>○ Handwriting                   <ul style="list-style-type: none"> <li>▪ Rate</li> <li>▪ Legibility</li> <li>▪ Reversals/inversions</li> </ul> </li> <li>○ Coloring, drawing, tracing</li> <li>○ Accessing/using keyboard (age appropriate)</li> </ul> </li>   <li>• Pre Academic / Academic – the student has difficulty with the following activities:               <ul style="list-style-type: none"> <li>○ Copying written work from the board/desktop</li> <li>○ Written imitation (i.e. letters, shapes)</li> </ul> </li>   <li>• Tool Use – the student has difficulty with the following Activities:               <ul style="list-style-type: none"> <li>○ Holding/manipulating scissors</li> <li>○ Holding a pencil</li> <li>○ Using a keyboard</li> <li>○ Constructive manipulation of toys</li> </ul> </li>   <li>• Self Management – the student has difficulty with the following activities:               <ul style="list-style-type: none"> <li>○ Getting along with others</li> <li>○ Coping with new or different situations</li> <li>○ Managing time</li> <li>○ Staying in seat</li> <li>○ Acting out when standing in line with peers</li> <li>○ Demonstrating self control</li> <li>○ Organizing self/materials</li> <li>○ Sustaining attention span</li> <li>○ Initiating/terminating an activity</li> <li>○ Following directions</li> <li>○ Activity transitions within the classroom</li> </ul> </li> </ul>		

**REASONS FOR REFERRAL**

**ACTIVITIES OF DAILY LIVING:** (check all that apply)

EXPLANATION

ATTEMPTED STRATEGIES

- Feeding/cafeeteria – the student has difficulty with the following activities:
  - Tolerating a variety of foods/textures
  - Excessive spillage/messy eater
  - Carrying tray through line / to table
  - Opening containers (i.e. milk)
  - Using utensils
  - Sitting at lunchroom table
  - Drinking from a straw / cup
  - Sucking or chewing
  
- Pre Academic / Academic – the student has difficulty with the following activities:
  - Putting on / taking off coat
  - Changing clothes
  - Managing fasteners on clothing
  
- Bathroom – the student has difficulty with the following activities:
  - Managing clothing
  - Accessing bathroom faucets / soap / paper towels
  - Transferring on / off the toilet
  - Accessing exterior and stall doors

**FUNCTIONAL MOBILITY:** (check all that apply)

- The student requires physical assistance to perform the following activities:
  - Getting on / off the school bus
  - Moving through crowded / uncrowded hallway
  - Opening / closing school doors
  - Moving through doorways
  - Getting on / off classroom chair
  - Sitting on the floor for circle time
  - Sitting on classroom chair
  - Walking around the classroom / lunchroom / gym
  - Getting up / down from the floor
  - Accessing playground / playground equipment
  - Accessing locker
  - Managing uneven surfaces (curbs, grass)
  - Going up / down stairs
  - Keeps up with peers
  - Orthopedic condition
  - Use of adaptive mobility equipment (wheelchair, crutches, cane)

**SUMMARY OF REFERRAL**

Of the following examples, what support would be most beneficial for this student:

- Ideas to increase participation and student involvement
- Modifications of curriculum and activities
- Adaptations of equipment and / or environment
- Equipment loan
- Consultation

EXPLANATION

If you have any questions please contact the Motor Development Department at the Nebo Learning Center. Telephone: 489-2833