



230 Division Street
Manahawkin, NJ 08050
609-607-7400

Child's Name: _____

Date of Birth: _____

Occupational Therapy Intake Form

Please complete the following form to the best of your ability. We recognize that this can be a very overwhelming and time consuming process, but the more information you provide, the better we can understand and help your child. Thank you in advance!

Has your child received occupational therapy services in the past?

- YES. -- If Yes, please circle the settings that apply: School-based, Outpatient, or Both
- NO

What are the primary occupational therapy based concerns that you have for you child leading up to this evaluation?

What strategies or techniques do you currently use that you find helpful with addressing the areas of concern?

What gain(s) has your child made over the past year that has made the most impact in his/her life?

What do you hope to see your child doing more independently or with greater ease one year from now?

What are your child's strengths and interests?

The following check boxes will help us to guide the evaluation and treatment process. Please mark any of the boxes below that you feel describe your child. Marking the box indicates an area of difficulty or concern. Please describe any additional details/comments that you feel are relevant in each category below.

Self-Care

- increased assistance needed for dressing
- unable to follow simple hygiene routine (5 years and up)
- difficulty/delayed potty training
- poor sleep habits (ie: trouble falling or staying asleep)
- difficulty with utensil use / self-feeding
- difficulty managing/organizing school-materials
- Other: _____

Social Interaction

- difficulty interacting socially and engaging with family and peers
- difficulty making friends
- difficulty adapting to new environments
- delayed language skills
- overly focused on one subject
- difficulty coping in the school environment
- Other: _____

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Sensory Processing / Behavior

- overly sensitive and responds negatively to loud sounds
- avoids touch from others
- difficulty/refusal with grooming (ie: hair brushing, bathing,)
- avoids/refuses to wear certain clothing
- limited safety awareness; high pain tolerance
- constantly moving, jumping, crashing, rocking
- enjoys hanging upside down (ie: over edge of couch)
- doesn't respond to name being called
- short attention span
- easily distracted
- impulsive
- hyperactive
- low energy
- emotionally reactive, frequent meltdowns or temper tantrums
- difficulty coping with change in routines
- difficulty, increased time required, increased behaviors transitioning from preferred to non-preferred activities (ie: play to clean up, playground to home)
- inability to calm self when upset
- difficulty with multi-step tasks/directions
- Other: _____

Movement and Body Awareness

- appears clumsy or uncoordinated
- difficulty going up and down stairs at an age appropriate time
- difficulty with the concept of right and left
- poor ball skills
- tires easily; needs frequent rest breaks when playing
- low muscle tone
- high muscle tone
- poor balance
- fearful of feet leaving the ground
- does not explore or enjoy playground equipment
- difficulty coordinating both sides of the body
- doesn't cross midline of his or her body during play and school tasks (if known)
- avoids tasks and games that require increased motor skills/movement
- Other: _____

Oral Motor/Oral Sensory

- drools excessively
- chews food in front of the mouth, rather than on the molars
- difficulty using a cup at an age-appropriate time
- difficulty drinking from a straw at an age-appropriate time
- difficulty weaning from bottle or breastfeeding
- appears to be excessively picky when eating, only eating certain types or textures of food
- increased mouthing of toys or objects beyond an age-appropriate time
- Other: _____

Play Skills

- difficulty with imitative play
- needs adult guidance to initiate play
- wanders aimlessly without purposeful play
- moves quickly from one activity to the next
- participates in repetitive play for hours (ie: lining up toys)
- does not join in with peers/siblings when playing
- difficulty with concepts of sharing and turn taking
- Other: _____

Fine Motor Skills

- difficulty using feeding utensils at an age appropriate time
- difficulty manipulating toys and puzzles
- seems to avoid tasks/games that require fine motor skills
- difficulty with pencil grasp
- difficulty with coloring, drawing, tracing
- poor handwriting, letter/number formation
- not developing a hand dominance at an age appropriate time (by 5-6 years old)
- difficulty using scissors
- difficulty with clothing fasteners: zippers, buttons, shoelaces
- Other: _____

Visual Processing

- difficulty recognizing letters
- makes letter/number reversals after the age of 7
- difficulty copying shapes or letters
- difficulty with spacing and sizes of letters
- loses place when reading or copying from the board
- difficulty finding objects among other objects
- poor eye contact
- Other: _____

