



Occupational therapy referral information for children 3 to 4 years

Child's name: _____ Child's date of birth: _____

Date completed: _____

This checklist is designed to provide additional information to support a referral to occupational therapy at the metropolitan Child Development Service (CDS). It should be completed by a health or education professional with knowledge of a child obtained through direct observation over a period of time. This checklist should be accompanied by a [CDS referral form](#) containing a description of how the child functions in everyday activities.

1. Fine motor

- Poor sitting posture e.g. slouches, difficulty sitting cross-legged, leans against furniture
- Immature hand function (grasp, accuracy, release, reach)
- Difficulty with hand action songs e.g. twinkle little star
- Difficulty using two hands together in play i.e. screwing lids, threading, folding
- Does not use helper hand to assist and stabilise e.g. to hold paper when drawing
- Difficulty holding a pencil with thumb and fingers
- Difficulty drawing lines, circles and faces
- Hand tremor
- Difficulty holding scissors, snipping and cutting forwards (after instruction and practice)

2. Sensory processing

- Sensory preferences impacting on participation in everyday tasks (more than peers)
- Dislikes being touched, getting hands dirty and/or playing with sand, playdough and paints
- Has difficulty keeping hands to self
- Fearful when feet leave the ground and dislikes 'moving' playground equipment e.g. swings/trampoline
- Much more difficulty remaining seated at mat time compared to peers the same age. Can get upset by loud noises and may put hands over ears
- Puts non-food objects in mouth to suck/chew e.g. toys/pencils
- Difficulty following the group routine
- Difficulty transitioning between activities
- Lacks body awareness e.g. stumbles, bumps into things

3. Play

- Difficulty sorting and matching colours/shapes/pictures
- Difficulty with simple puzzles (4-6 pieces)
- Delayed or inappropriate play skills for age

Do not write in margin

4. Independence skills

- Difficulty washing and drying hands
- Difficulty opening/closing lunchbox, containers and/or school bag
- Difficulty removing a jacket or jumper
- Difficulty toileting independently during the day
- Difficulty taking off shoes and socks independently

5. Additional information regarding the child's strengths or areas of difficulty (20 line limit):

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Do not write in margin

Name: _____

Agency/School: _____

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Agency/School address: _____

Agency/School phone number: _____

Email: _____

Please submit as an attachment to the online CDS referral form at cahs.health.wa.gov.au/CDSreferrals or via email as directed by the child's clinician.