

PREK - 5th Grade OT SCREENER

OT Screener	
Student Name: _____	Date: _____
Student Strengths & Interests What does the student enjoy? What activities or approaches support successful participation? _____ _____ _____ _____	
Student Perspective When available, what does the student share about activities that feel easy, difficult, comfortable, or frustrating? _____ _____	

OT Screener						
Student Name: _____		Date: _____				
Functional Classroom Observation						
Observation setting/activity: _____						
Directions: Observe the student during familiar school activities. Consider the student's individual approach, existing accommodations, and current classroom expectations.						
Classroom Participation		F	E	S	C	N/O
Gets started with familiar classroom activities						
Participates for the expected duration of the activity						
Transitions between classroom activities using available supports						
Handwriting / Written Work		F	E	S	C	N/O
Produces written or prewriting work appropriate for current classroom demands						

9 SCREENING AREAS

Handwriting				
Scissor Skills				
Tool Use				
Visual Motor / Visual Perceptual				
Executive Functioning / Classroom Organization				
Sensory / Regulation				
Positioning / Motor Participation				
Self care / Functional School Routines				
Overall School Participation				

Next steps

- ☐ No additional OT screening action indicated at this time
- ☐ Continue current classroom supports and accommodations
- ☐ Trial or adjust classroom strategies / accommodations
- ☐ Collaborate with teacher, caregiver, student, or school team
- ☐ Monitor participation and recheck following implementation of supports
- ☐ Complete targeted, in-depth OT screening in identified areas
- ☐ Consider whether a comprehensive OT evaluation is appropriate according to school or district procedures

Elizabeth Rizki Koss, OTD, OTR/L © 2020 Empowering OT



FREEBIE

Directions

This FREE School-Based OT Screening Starter Kit is designed to help occupational therapists gather initial information about a student's functional participation in everyday school activities.

Designed for PreK–Grade 5, it includes classroom observations across handwriting, scissor skills, fine motor and tool use, visual-motor and visual-perceptual participation, executive function and classroom organization, sensory regulation, positioning and motor participation, and functional school routines.

Use this resource to identify student strengths, document possible barriers to participation, consider helpful accommodations, and plan meaningful next steps. It may support school-based problem-solving processes, including RTI and MTSS, when appropriate.

Ready for a Closer Look?

Explore the Comprehensive School-Based OT Screening Toolkit

- This free starter kit helps you gather initial information about a student's functional classroom participation, identify strengths and possible barriers, and consider meaningful next steps.
- But what happens when your classroom observation suggests that a student may benefit from a more targeted look at a particular area?
- The Comprehensive School-Based OT Screening Toolkit is designed to help you explore those concerns with greater depth while keeping the focus on meaningful school participation.

Go Beyond the Initial Classroom Observation

Explore school-based performance screening areas such as:

- Handwriting and written work
- Scissor skills
- Fine motor skills and classroom tool use
- Visual-motor and visual-perceptual skills
- Executive function and classroom organization
- Sensory regulation and environmental access
- Positioning and motor participation
- Functional school routines and self-care

What's Included in the Full K-2 Toolkit?

Part 1: Comprehensive Classroom Observation Forms

- Detailed observation checklists across school-based performance areas to help identify strengths, participation concerns, and possible barriers within everyday classroom activities.

Part 2: In-Depth Screening Activities

- Targeted screening checklists and activity sheets for a closer look at specific performance areas when classroom observations suggest additional information may be helpful.

Explore the K-2 School-Based OT Screening Toolkit

- Available through [Empowering OT Shop](#) and on my [Teachers Pay Teachers store here!](#)

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✓ Post on a secure platform (password protected) for your ONLY your students to access such as google classroom, email, showbie, etc.	✗ Post to your unsecured school website, a shared google drive, Facebook files in a group or anywhere where multiple people can access.

Purpose

This starter kit is designed to help school-based occupational therapists gather initial information about a student's functional participation in everyday school activities.

Use it to identify student strengths, observe possible barriers to participation, document helpful accommodations, and consider appropriate next steps.

This resource is intended for students in PreK-Grade 5. Select observations that are relevant to the student's developmental level, classroom expectations, and current school routines.

Getting Started

- 1. Identify the reason for screening.**
 - Gather information from the teacher, caregiver, student (when appropriate), and other relevant team members. Clarify which school activities are difficult and how those concerns affect participation.**
- 2. Observe the student during familiar school activities.**
 - Whenever possible, observe the student in their natural classroom environment. Consider activities such as writing, using classroom materials, transitioning between activities, participating in group work, and managing school routines.**
- 3. Document functional performance.**
 - Use the Classroom Observation Checklist to record what the student is able to do, where participation may be inconsistent, and which activities may require additional support.**
- 4. Consider accommodations and environmental factors.**
 - Document supports already available to the student and any strategies trialed during screening. Consider whether changes to materials, task demands, positioning, visual information, or the environment improve participation.**
- 5. Summarize findings and determine next steps.**
 - Use the Screening Summary to document strengths, participation concerns, helpful accommodations, and recommendations for consultation, classroom supports, monitoring, or additional assessment when appropriate.**

OT Screener

Student Name: _____

Date: _____

Grade: _____

Teacher: _____

School: _____

Occupational Therapist: _____

Reason for Screening

Who requested the screening?

- ☐ Teacher
- ☐ Parent / Caregiver
- ☐ Student
- ☐ School Based Team
- ☐ Other: _____

Primary Areas of Concern

- ☐ Classroom participation / task completion
- ☐ Fine motor skills / classroom tool use
- ☐ Handwriting / written output
- ☐ Scissor skills
- ☐ Visual-motor / visual-perceptual skills
- ☐ Organization / classroom routines
- ☐ Sensory processing / regulation
- ☐ Positioning / motor participation
- ☐ Play / participation in classroom activities
- ☐ Self-care / school independence
- ☐ Other: -----

Describe the Concern

What specific school activities are difficult for the student?

Examples: completing written assignments, managing classroom materials, participating in play, transitioning between activities, or managing personal belongings.

OT Screener

Student Name: _____

Date: _____

Student Strengths & Interests

What does the student enjoy? What activities or approaches support successful participation?

Student Perspective

When available, what does the student share about activities that feel easy, difficult, comfortable, or frustrating?

Current Supports & Accommodations

What strategies, accommodations, tools, or environmental supports are already being used?

Additional Information

Relevant teacher, caregiver, or team observations:

OT Screener

Student Name: _____

Date: _____

Functional Classroom Observation

Observation setting/activity: _____

Directions: Observe the student during familiar school activities. Consider the student's individual approach, existing accommodations, and current classroom expectations.

Classroom Participation	F	E	S	C	N/O
Gets started with familiar classroom activities					
Participates for the expected duration of the activity					
Transitions between classroom activities using available supports					

Handwriting / Written Work	F	E	S	C	N/O
Produces written or prewriting work appropriate for current classroom demands					
Uses writing tools and materials functionally					
Completes written or prewriting activities with sufficient efficiency and comfort					

Fine Motor / Classroom Tool Use	F	E	S	C	N/O
Manipulates classroom materials needed for learning and play					
Uses both hands together when needed for classroom activities					
Uses classroom tools with sufficient control for the activity					

Key

- **F – Functional** - Student is able to participate successfully in activity with or without accommodations
- **E – Emerging / Inconsistent / Monitor** - Student is beginning to demonstrate the skill, but performance is not yet consistent.
- **S – Could Benefit From Supports / Accommodations**
- **C – Concern Affecting Participation** - Difficulty interferes with access, efficiency, or participation in school
- **N/O – Not Observed / Not Applicable**

OT Screener

Student Name: _____

Date: _____

Functional Classroom Observation

Visual-Motor / Visual-Perceptual Participation	F	E	S	C	N/O
Locates and uses relevant visual information within classroom materials					
Coordinates visual information with motor actions during classroom activities					
Organizes work or materials within available space					

Scissor Skills	F	E	S	C	N/O
Positions and operates scissors in a way that supports functional cutting					
Uses both hands together to stabilize and manipulate materials during cutting					
Completes cutting activities with sufficient accuracy and efficiency for classroom participation					

Sensory Regulation / Environmental Access	F	E	S	C	N/O
Accesses classroom activities within the sensory environment					
Uses available regulation supports to participate in activities					
Returns to participation following a break or support when needed					

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OT Screener

Student Name: _____

Date: _____

Functional Classroom Observation

Positioning / Motor Participation	F	E	S	C	N/O
Accesses a functional position for classroom activities					
Moves within the classroom to access activities and materials					
Participates in movement demands associated with school routines					

Functional School Routines	F	E	S	C	N/O
Manages personal belongings and classroom materials during daily routines					
Participates in school-based self-care routines using available supports					
Participates in play, group activities, or classroom routines relevant to the student's grade					

Executive Function / Classroom Organization	F	E	S	C	N/O
Identifies and gathers materials needed for an activity					
Follows the sequence of steps needed to complete an activity					
Manages materials and work across classroom activities					

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OT Screener

Student Name: _____

Date: _____

Functional Classroom Observation Supports used or trialed

Accommodation	Helped	Somewhat helped	Did not help	Not trialed
Visual model or completed example				
Visual directions or checklist				
Additional processing or response time				
Reduced visual clutter				
Quieter environment				
Adapted paper				
Adapted tools				
Other:				

Student Strengths

What activities does the student participate in successfully?

Participation Concerns

Which school activities are difficult, inconsistent, or less accessible?

Helpful Supports / Accommodations
What appears to improve participation?

OT Screener

Student Name: _____

Date: _____

Summary of Areas

Area	Functional	Emerging	Supports needed	Concern
Classroom Participation				
Handwriting				
Scissor Skills				
Tool Use				
Visual Motor / Visual Perceptual				
Executive Functioning / Classroom Organization				
Sensory / Regulation				
Positioning / Motor Participation				
Self care / Functional School Routines				
Overall School Participation				

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