Introduction

The purpose of this guide is to help teachers find strategies to assist student to achieve age appropriate skills. Topics included in this manual are components of handwriting, visual perceptual/motor skills, fine and gross motor coordination, balance and mobility, positioning, childhood obesity and sensory integration. This guide will review development of young students and provide strategies for older students who may be struggling. This manual is part of a kit that provides specific and equipment that can develop and/or remediate skills. It is recommended to be consistent with the strategies or equipment that you choose. If a student's difficulties continue after several strategies have been tried, contact your building Occupational or Physical Therapist.



Proviso Area for Exceptional Children - SEJA #803 1000 Van Buren Street Maywood, IL 60153-1989 Phone: 708-450-2100 Fax: 708-450-2368

Response to Intervention Model

Tier 1

Strategies for all students

Tier 2

Use of Adaptations Focus on Specific Areas

Tier 3

Intensive Individual Interventions



The following sections are included in the OT/PT RTI Manuals:

- I. Proper Positioning in Chair
- II. Position of Paper on Desk (Right and Left Hand)
- III. Handwriting (Readiness Skills & Strategies)
- IV. Scissor Skills
- V. Alertness & Awareness (High, Low, Transitions)
- VI. Childhood Obesity (Websites and Activities)

Quick Reference Guide to Fine and Gross Motor Skills in the Classroom

Pre-K/early Childhood:

Gross Motor Skills

- Can run around obstacles
- Stands on tiptoes for 3-5 seconds
- Stands on one foot for two seconds
- Hops on one foot 1-3 times
- Can walk on a line without stepping off
- Rides a tricycle at 3-4 years old, good control of tricycle (curves and spins) at 4-5 years old
- Can jump forward, down, and over objects with feet together
- Plays catch with large ball
- Throws a ball overhand (3-4 years old) and underhand (4-5 years old)
- · Kicks stationary ball
- Swings on swing when started in motion

Fine Motor Skills

- Stacks five to seven small blocks
- Imitates simple horizontal and vertical block designs
- Completes 5-6 piece puzzle (F)
- Manipulates clay and dough (pinches, rollsballs, snakes)
- Begins manipulating small items within the hand
- Holds crayon with fingers, not fist (pronated grasp)
- Copies circle at 3-4 years old
- Copies a square at 3-4 years old
- Imitates cross at 3-4 years old
- Snips with scissors at 3-4 years old, cuts paper in half at 4-5 years
- Cuts on a line continuously (4-5 years old)
- Draws person with head at 3-4 years old, adds feet to head and body at 4-5 years old
- Dress/Undress independently (except for closings, i.e. buttons, zippers) (F)
- Crosses midline (F&G)
- 30 minute attention span (5-10 minutes per activity)
- May use one hand consistently in most activities
- Prints some letters

Kindergarten:

Gross Motor Skills:

- Can stand on one foot for 8-10 seconds
- Stands on tiptoes for 8 seconds without moving feet
- Hops forward on one foot for 5 hops, atleast 3 times on other foot
- · Gallops and skips forward
- Walks up and down stairs, alternating steps, without support from the wall/rail
- Can swing by himself (G)
- Bounces and catches a tennis ball
- Can climb steps holding an object (G)
- Jumps rope (G)

Fine Motor Skills:

- Does not switch hands in the middle of an activity (F)
- Clear dominance in right handed children, it may take a left-handed child longer to develop fine motor skills as they are taught most activities initially with their right hand
- Begins to use thumb and index finger to hold pencil/crayon (tripod grasp)
- Colors inside the lines
- · Copies triangle
- Draws diamond (F)
- Draws a person with head, body, legs and face (F)
- Writes first name
- Touches each finger to thumb
- Cuts on a straight line
- Cuts out simple shapes
- Buttons and unbuttons one button

By 7 to 8 years of age, children generally are proficient with most fine motor skills. As with many skills, practice improves performance; therefore, refinement of already acquired fine motor skills can continue into adulthood.

***If the child has not acquired these skills by this age, a referral can be made. However, as stated above, children have formed their habits and it will be difficult to break poor habits without daily practice. It is the responsibility of the teacher, therapist, and parents to daily apply the fine motor skills that are recommended by an Occupational Therapist.

Role of Occupational Therapy and Physical Therapy

Occupational therapy is a related service provided to students who need assistance to benefit from educational opportunities in the least restrictive environment and need assistance in over coming educational deficits resulting directly/indirectly from a physical, sensory or motor disability. Occupational therapy services assist in promoting independence in daily living skills, increasing functioning through the use of adaptive/assistive devices, facilitating muscle strength, motor coordination and range of motion, improving sensorimotor performance and improving fine motor/visual perceptual skills. Therapy goals developed for the student are observable, measurable, and educationally relevant.

Physical therapy is a related service offered to those students whose gross motor development interferes with their educational progress and who may warrant services to overcome education deficits. Physical therapy services assist in improving functional mobility, facilitating gross motor development, minimizing postural deviations, strengthening muscles, adapting mobility equipment and re-educating the students movement patterns for functional use in order for the student benefit from educational opportunities in the least restrictive environment. Therapy goals developed for the student are observable, measurable, and educationally relevant.

OT and/or PT services are provided if the student's physical or health impairment is so severe that he/she cannot develop his/her "educational potential" without special services, facilities or materials.

Referral criteria must include, but may not be limited to, the following:

- 1. Certification of a physical impairment or progressive physical disability by a licensed physician.
- 2. Significant motor impairment that would hinder the educational potential of the student. This would be determined through an evaluation by a registered physical therapist or occupational therapist.
- 3. A serious progressive disease where a student may need protective environment to monitor stability if the disease is interfering with the development of the student's educational goals.
- 4. A student experiencing a motor and/or sensory deficit which adversely affects his/her educational progress.

Student between the ages of three through the day before their twenty second birthday may be referred for occupational therapy if they demonstrate fine motor problems, visual-motor/visual perceptual deficits, sensory integrative deficits or significant delayed self-help skills. OT services may also be provided to students who need adaptive/assistive devices or students who have a permanent/progressive physical/health impairment which interferes with educational functioning.

Students between the ages of three through the day before their twenty second birthday may be referred for physical therapy services if they present physical disabilities such as spina bifida, cerebral palsy, muscular dystrophy, down's syndrome, or other handicapping conditions that affect gross motor functioning. Students who are in need of adaptive/assistive devices such as braces, artificial limbs, or wheelchairs maybe eligible for PT services. In addition, students with significant delays in gross motor development may also be eligible for services. Gross motor delays may be characterized by difficulty negotiating the environment, unusual gait, or poor balance and equilibrium reactions.



Procedure for Occupational Therapy and Physical Therapy Referral

OT/PT Referrals can come through four sources:

- 1. Parent Request/MD referral
- 2. School Team
- 3. IFSPs
- 4. Move-Ins

Parent Request/MD Referral

A parent request or doctor's referral is received by the team for OT/PT services. The student's team and building principal should be notified. It should be understood that a referral initiated by either of these sources may or may not result in an evaluation. This request should be presented at a prediagnostic meeting, where the discipline (OT and/or PT) being requested is present. From there the specific discipline will determine if further assessment is needed.

School Team Referral

If a member of the student's school team feels that student could benefit from OT or PT services, they should contact their school special education supervisor and building principal to schedule a prediagnostic meeting (PDM). Please remember that a referral for OT or PT should only be initiated after you have tried the strategies provided in the RTI box and have been unsuccessful. The appropriate discipline should be invited to the PDM and it will be determined whether the student could benefit from further evaluation.

IFSPs

If a child comes into a program already receiving outside OT and/or PT services they may be eligible for school-based services if the following criteria are met:

- 1. The student has had an OT or PT evaluation/assessment within the past year
- 2. Goals and objectives already in place are educationally relevant
- 3. A current MD prescription is obtained

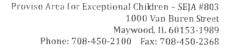
If all three of these criteria are met, the team and OT/PT will decide whether it is necessary to initiate or evaluate for services and establish goals or absorb the IFSP.

Move-Ins

The team and OT/PT will determine who will conduct the observation/evaluation on a case by case basis.



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PROVISO AREA FOR EXCEPTIONAL CHILDREN GENERAL CHECKLIST FOR MOTOR CONCERNS

Teachers: Please follow the guidelines below if your student is experiencing fine motor, visual-motor, gross motor, and/or sensory processing difficulties that makes him/her stand out from his/her peers.

- 1. Fill out the teacher checklist (please see attached). Make a copy and send to the OT and/or PT serving your school or classroom. Bring the other copy to your problem-solving team.
- 2. A problem-solving team meeting should be set, with an invitation sent to the OT and/or PT.
- 3. The OT and/or PT will contact you to narrow the problem in order to determine which strategies he/or she should bring to the problem-solving meeting.

This process is not intended to initiate an OT and/or PT screening. Instead, it is intended to notify a specialist that there is a general concern in the classroom. This will help generate strategies to discuss at the problem-solving meeting to help set interventions.

Thank you for your assistance in helping our formal screening process flow smoothly. If you have any questions regarding this process, please feel free to speak with the therapist assigned to your building or to Julia Barnicle, PT, Lead Therapist at PAEC at (708) 450-2143.

TEACHER CHECKLIST

Date / Student's First Name Date of Birth	KEY √ = able to perform independently √+ = able to perform with help U = unable to perform NA = not applicable
Vision Screening Completed No Yes (date)	Eyeglasses No
Adaptive Device(s)	Yes (near/far-sightedness)
Bus	
us: goes up steps	Cafeteria
Bus: goes down steps	Carries objects (tray/snack)
Curbs: steps up	Finger feeds self
Curbs: steps down	Feeds self with fork/spoon
	Cuts food
School/Classroom Doors	Drinks from a cup/milk carton
Opens Closes	Opens food containers
In House	Pours self a drink from large container
lallway	Tolerates all food textures
Noves between classes within building	DE IO
Valking speed is consistent with peers	PE/Gym
tairs	Changes clothing for PE
Valks up foot over foot without a rail	Changes shoes for PE
Valking speed is consistent with peers	Ties gym shoes Fully participates in PE
valking speed is consistent with peers	Abla to keep up with page
ocker	Able to keep up with peers
fanages lock	Has difficulty with (please list specifics):
pens/closes door	
Manages clothing & fasteners	
langs up coat	
Organizes locker	Elevator
ime required is consistent with peers	Gets on/off
	Manages buttons
lassroom	
Valks about safely	Outdoor Surface and Equipment Play
tands from floor sitting	Blacktop and grass
its on floor	Ramps/inclines
its with elbows on desk	Swings
its with feet on floor	Climbing equipment
its symmetrically	SlidesUses balls
ets in/out of chair	
ets/replaces book from desk/bookbag	Endurance is age-appropriate
etrieves object from floor	Other
arries books/materials	
rganizes belongings in desk	Field Trips
aatraam	Participates fully in field trips
estroom	COMMENTO (PROPILEM
dicates need	COMMENTS / PROBLEM AREAS SEEN
lanages clothing	
ets on/off toilet	
its on toilet without falling	
/ipes self thoroughly/ /ashes/dries hands	
urns water on/off	

TEACHER CHECKLIST

Instructions for remainder of teacher checklist.

Please check any items that have been identified as an area of concern by school staff or parent.

Written Work (N/A for EC)	4.	%
Reverses Letters		COMMENTS / PROBLEM AREAS SEEN
Demonstrates poor spacing of work on paper		
Difficulty with size of letters/numbers Erases paper and tears in process		· .
Erases paper and tears in process	Service Company	, except the extension of the contract of the
Prints too dark or too lightly	***	· Mary · · · ·
Difficulty with grasn/release on pencil		
Lack of hand dominance Unable to color within lines Omits words and phrases	च <u>ी</u>	
Unable to color within lines		Please list activities, strategies, and/or modifications
Omits words and phrases	ar offer a	that have been tried and the results.
Omits words and phrasesSkips lines, loses place while copying	100	317754;
Fatigues easily with reading / writing		
Fatigues easily with reading / writing Difficulty copying from model on desk	# ** ** **	There are a second of the seco
Difficulty copying from board		· · · · · · · · · · · · · · · · · · ·
Dimodity copying nom board		
Organizational Skills		
Difficulty remembering assignments		y 17.
Difficulty organizing work		
Difficulty finishing tacks on time		Form completed by:
Difficulty finishing tasks on time		Pote:
Hard to motivatePoor directional concepts (right/left)		Date:
Poor directional concepts (right/leπ)		Teacher's name:
Difficulty with sequencing Disregards one side of body		Phone #: Grade:
Disregards one side of body	14	School: Grade:
Difficulty with two-handed tasks		District:
Difficulty lining up		Best time to contact teacher:
Age-Appropriate Tool Use		Teacher signature:
Difficulty with scissors		
Poor grasp on writing utensils		Date parent contacted with the above identified areas of
Stapling two or more pieces of paper		concern:
Paper clipping two or more pieces of paper		
Difficulty with use of tape		Parents contacted by:
Difficulty with use of glue		
Difficulty With doo of grace		
Sensory Processing / Social-Emotional Skills		FOR OT/PT DEPARTMENT USE
Bumps into desks, other children		FOR OTHER DEPARTMENT OSE
Touches others excessively		
Avoids touch/angry when touched		Received on:
Engages in self-stimulation behaviors		Received by:
Avoids messy substances		Teacher contacted on:
Difficulty with a variety of clothing textures		
Impulsive		
Has trouble with transitions		
Withdrawn		
Hard to calm down or redirect		
Easily frustrated		
Over-/under-reacts		
Decreased attention span		
Mood swings noted		
Sensitive to noise / light		
Fearful of new things		. 4
Reluctant to participate in sports/physical activity		
Limited activity during recess		
Reluctant to complete unfamiliar tasks		
Difficulty with transitions		

ADL Checklist

Student Name	
Academic Year	

Key:

- Performs ADLs on Fastener Board/Shoe Tying Board=B
 Performs ADLs on Own Clothing=On Self

**Note level as assistance required (I, max, mod, min, tactile, verbal cues, etc.)

Date					
Buttons	·				
Zipper		,			
Snaps			-	-	
Shoe tying				-	

Date				
Buttons				
Zipper				
Snaps				
Shoe tying				

Pre-Writing Shapes Checklist

Student NameAcademic Year
Key:
Trace= T Copy from Model= C
Draws Shape from Memory upon Verbal Cuing=D

Date					
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Date						
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