

Date\_\_\_\_\_

## OT/PT/APE

### Pre – Assessment Information

\_\_\_\_ Occupational Therapy    \_\_\_\_ Physical Therapy    \_\_\_\_ Adapted Physical Education

Student Name\_\_\_\_\_

Date of Birth\_\_\_\_\_

School\_\_\_\_\_

Grade\_\_\_\_\_

Teacher\_\_\_\_\_

Exceptionality\_\_\_\_\_

Person making the referral\_\_\_\_\_

Reason for referral\_\_\_\_\_

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Please describe any medical condition (s) that may be affecting performance:

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PLEASE INCLUDE WORK SAMPLES FOR O.T.