



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Occupational Therapy Resource Pack

## Cavan and Monaghan

## School Age Team



### ***Your child's difficulty and what you can do***

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This pack has been modified with permission from the Children and Young People's Occupational Therapy team  
Buckinghamshire

Buckinghamshire Healthcare   
NHS Trust

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## **Instructions for using the Flowcharts**

### **What are the flowcharts?**

A set of screening questions devised to help you establish which of the activity sheets, equipment or strategies are appropriate for the child.

### **What is the Occupational Therapy Screening Form? (See page 4)**

A useful tool to record the screening details and implementation of activity sheets. This form will assist the Occupational Therapy Service if a referral is made.

### **What is the progress Record Form? (See Pages 15 to 17)**

Documentation to assist you to monitor progress. These record forms are also essential if you feel that your child needs further occupational therapy intervention to meet their functional needs.

### **How do I use the flowcharts?**

1. A child is identified as having functional difficulties.
2. Decide which flowchart areas the child is having difficulties in.
3. Starting with the first question on the flowchart, work your way down through all of the questions.
4. When a child indicates a YES answer, note down the appropriate activity sheet, equipment or strategy.
5. Refer to the appropriate activity sheet/s, and carry out the recommended activities. Trial recommended equipment and implement strategies.
6. If the child does not appear to have any of the difficulties highlighted on any of the flowcharts, it is unlikely the child has Occupational Therapy needs.

## **Occupational Therapy Form**

Name:

Date:

**Difficulties identified?**

**What flow charts were used?**

- |  |                          |                             |                          |
|--|--------------------------|-----------------------------|--------------------------|
| Tool Use & Self Care Skills                      | <input type="checkbox"/> | Seating                     | <input type="checkbox"/> |
| Making Sense of what you See (Perceptual) Skills | <input type="checkbox"/> | Pencil Skills               | <input type="checkbox"/> |
| Using scissors, eraser                           | <input type="checkbox"/> | Attention                   | <input type="checkbox"/> |
| Large Whole Body Movements (Gross Motor) Skills  | <input type="checkbox"/> | Feeding                     | <input type="checkbox"/> |
| Sensory  | <input type="checkbox"/> | Fine Motor                  | <input type="checkbox"/> |
| Handwriting                                      | <input type="checkbox"/> | Attention and Concentration | <input type="checkbox"/> |

**Activity/Strategy Sheets:**

**Identified**

**Date started**

- |                |   |                          |
|----------------|---|--------------------------|
| <b>VIZZIES</b> | <u>Memory</u>                             | <input type="checkbox"/> |
|                | <u>Visual Perception</u>                  | <input type="checkbox"/> |
| <b>HANDIES</b> | <u>Using Two Hands</u>                    | <input type="checkbox"/> |
|                | <u>Hand Skills</u>                        | <input type="checkbox"/> |
|                | <u>Letter Formation</u>                   | <input type="checkbox"/> |
| <b>MOVIES</b>  | <u>Body Awareness &amp; Co-ordination</u> | <input type="checkbox"/> |
|                | <u>Ball Skills</u>                        | <input type="checkbox"/> |
|                | <u>Balance</u>                            | <input type="checkbox"/> |
| <b>SENSORY</b> | <u>Tactile Strategies</u>                 | <input type="checkbox"/> |
|                | <u>Auditory Strategies</u>                | <input type="checkbox"/> |
|                | <u>Calming Strategies</u>                 | <input type="checkbox"/> |
|                | <u>Organising and Alerting Strategies</u> | <input type="checkbox"/> |

**Additional Sheets**

- |                 |                          |                          |
|-----------------|--------------------------|--------------------------|
| <b>DRESSING</b> | <u>How to Tie a Tie</u>  | <input type="checkbox"/> |
|                 | <u>Tips for Dressing</u> | <input type="checkbox"/> |

**EQUIPMENT put in place**

**Please report on the progress difficulties still present:**

**Referral Made to Occupational Therapy**

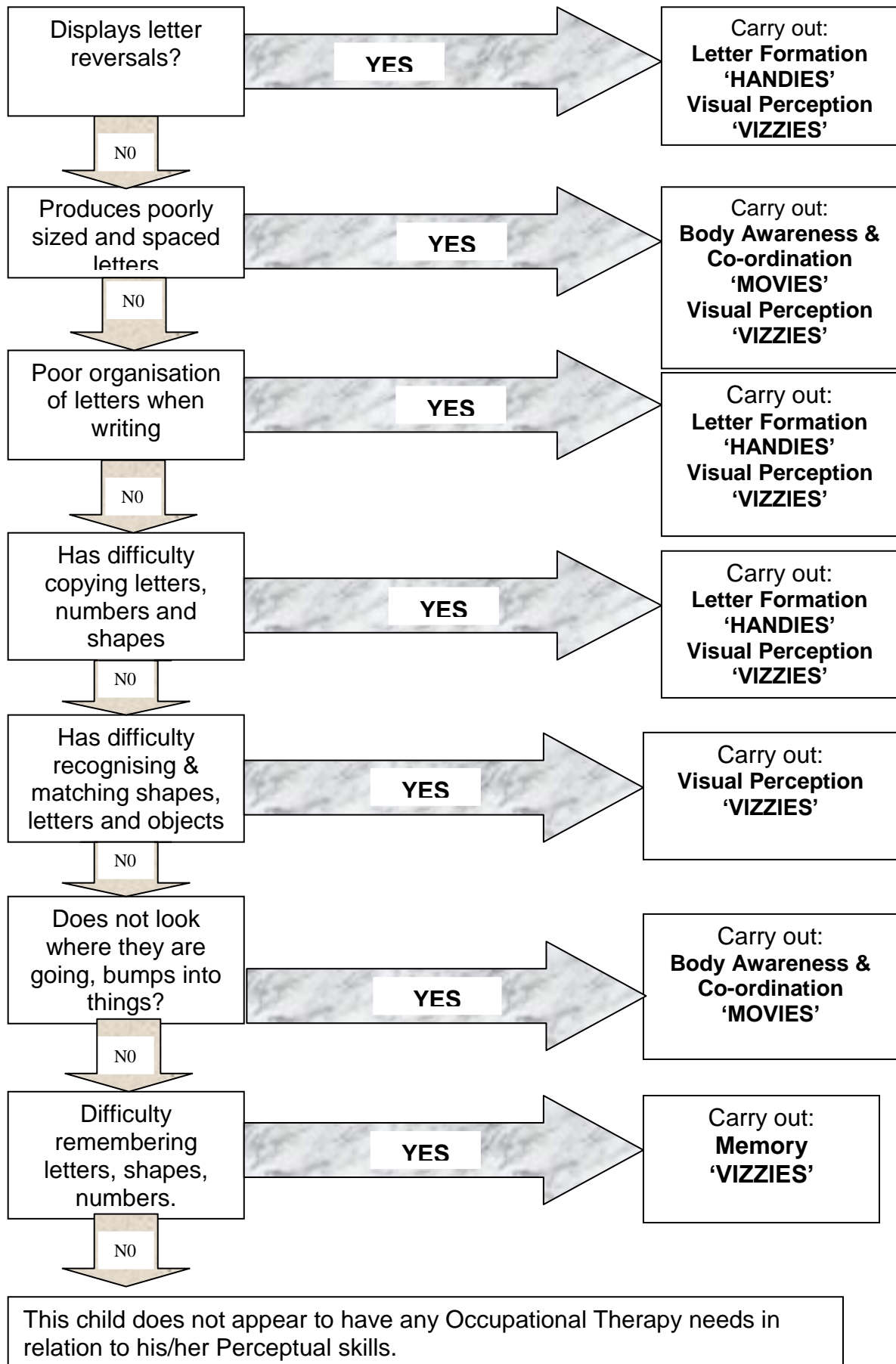
YES/NO

Date:

**Screening carried out by:**

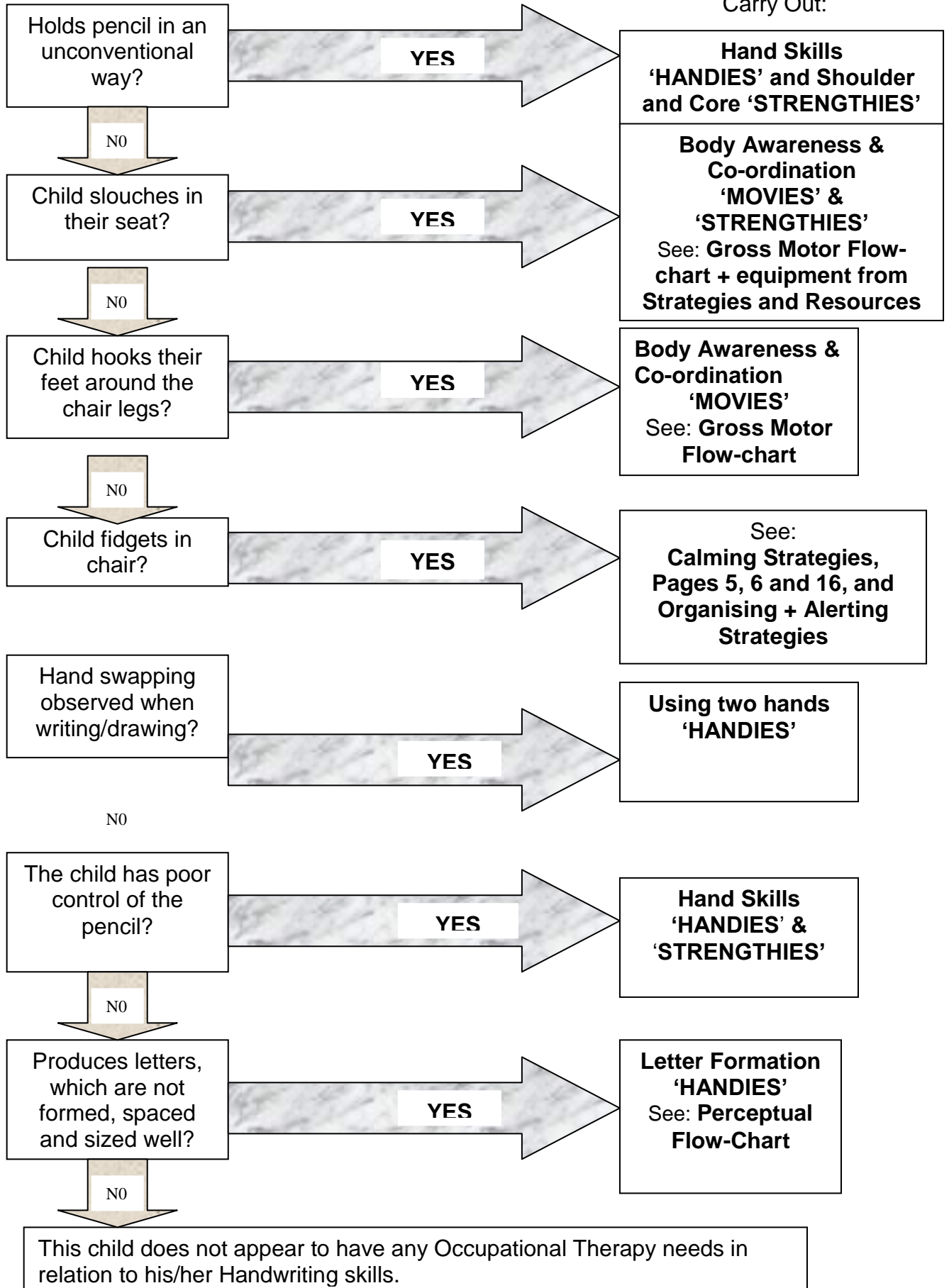
N.B. Please complete and include this form if a referral is being made to Occupational Therapy. It is recommended that you implement the activities/strategies for six months to give a clearer indication of the need for OT assessment or the extent of the difficulties.

**MAKING SENSE OF WHAT YOU SEE (PERCEPTION) FLOW CHART  
TO ACTIVITY SHEETS**

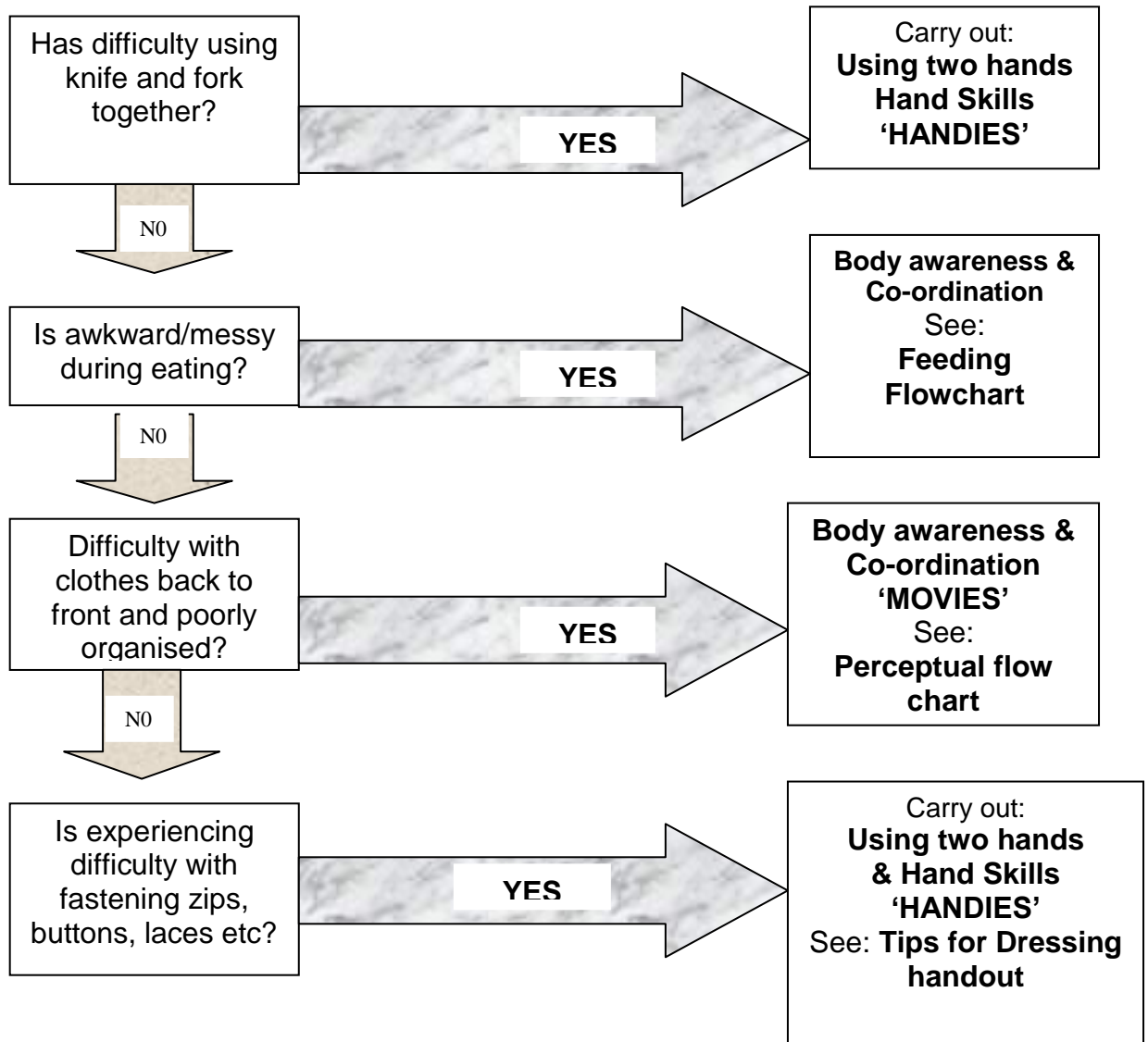


## HANDWRITING FLOW CHART TO ACTIVITY SHEETS

Carry Out:

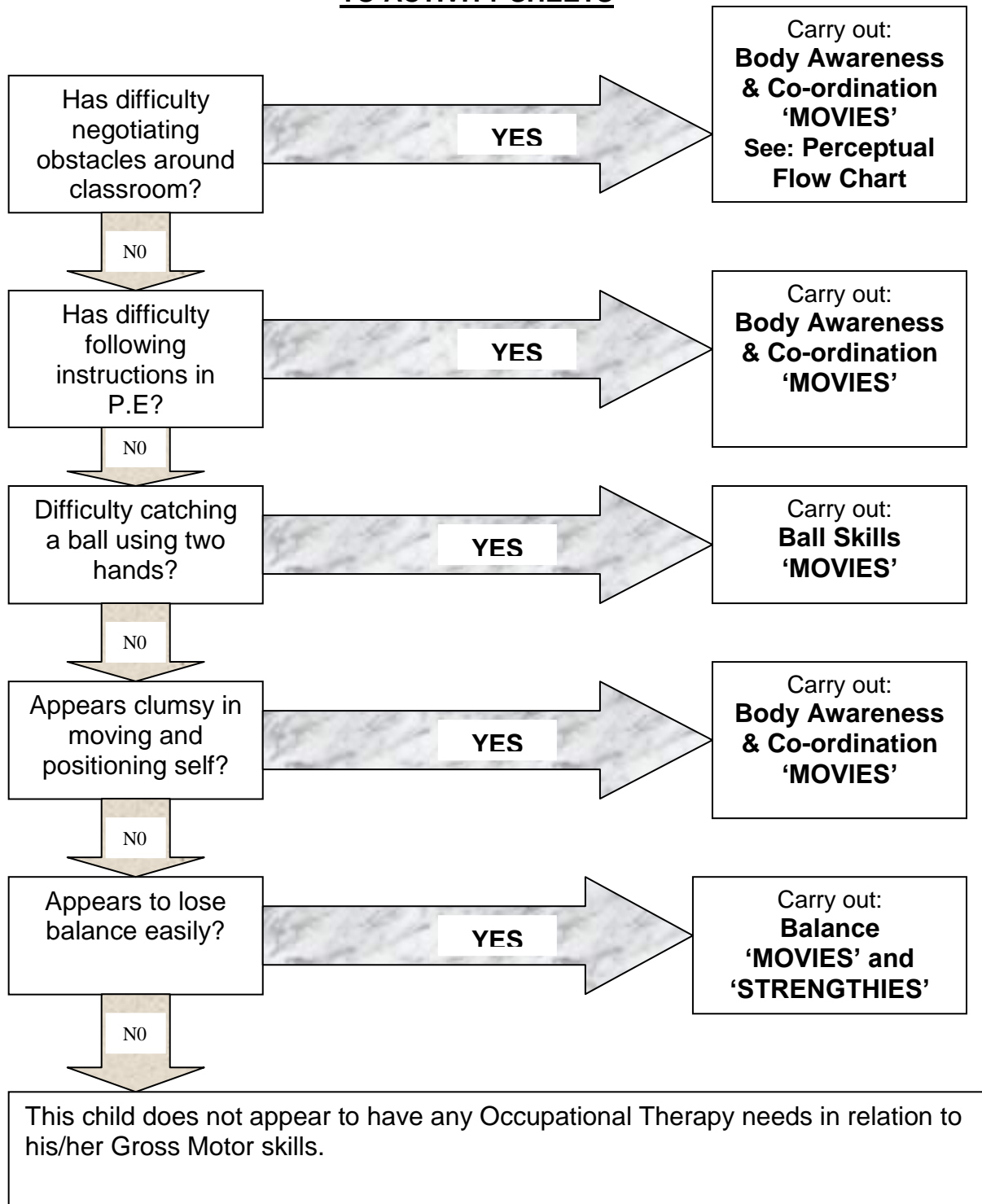


**SELF CARE SKILLS FLOW CHART  
TO ACTIVITY SHEETS**



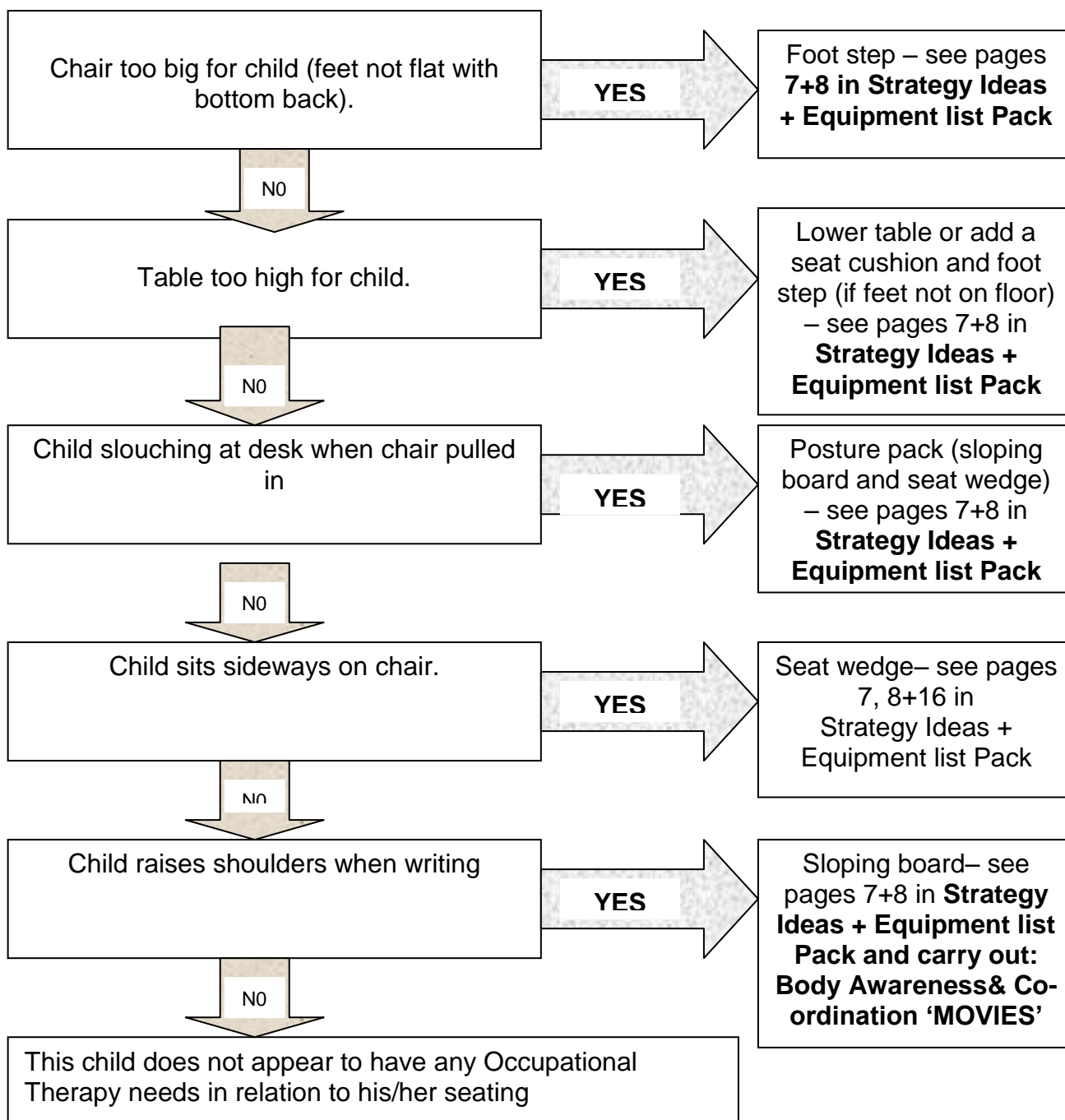
This child does not appear to have any Occupational Therapy needs in relation to his/her functional skills.

**LARGE WHOLE BODY MOVEMENTS (GROSS MOTOR) FLOW CHART  
TO ACTIVITY SHEETS**

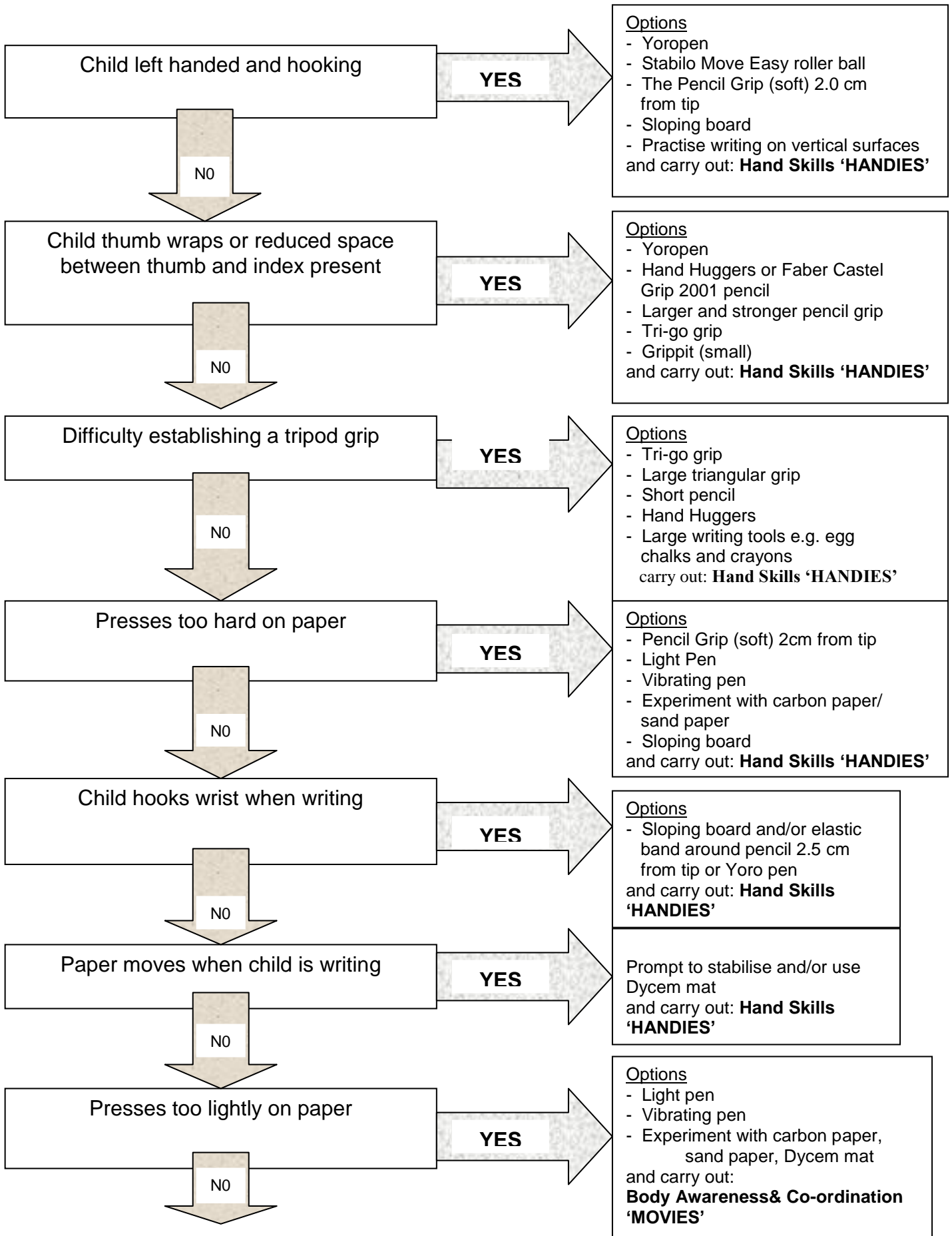




## SEATING FLOW CHART TO EQUIPMENT OR STRATEGY

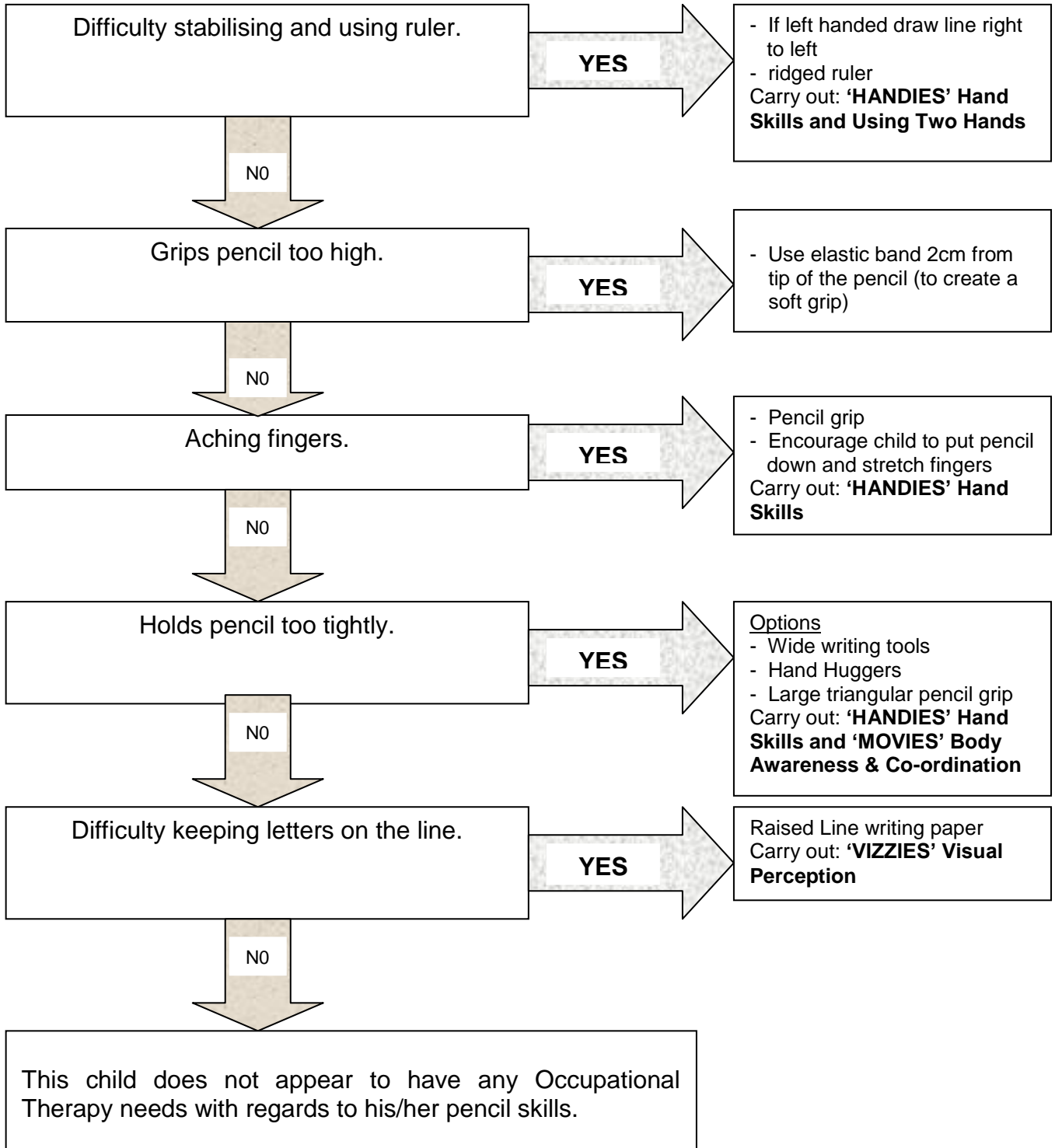


## PENCIL SKILLS FLOW CHART TO EQUIPMENT OR STRATEGY SHEET

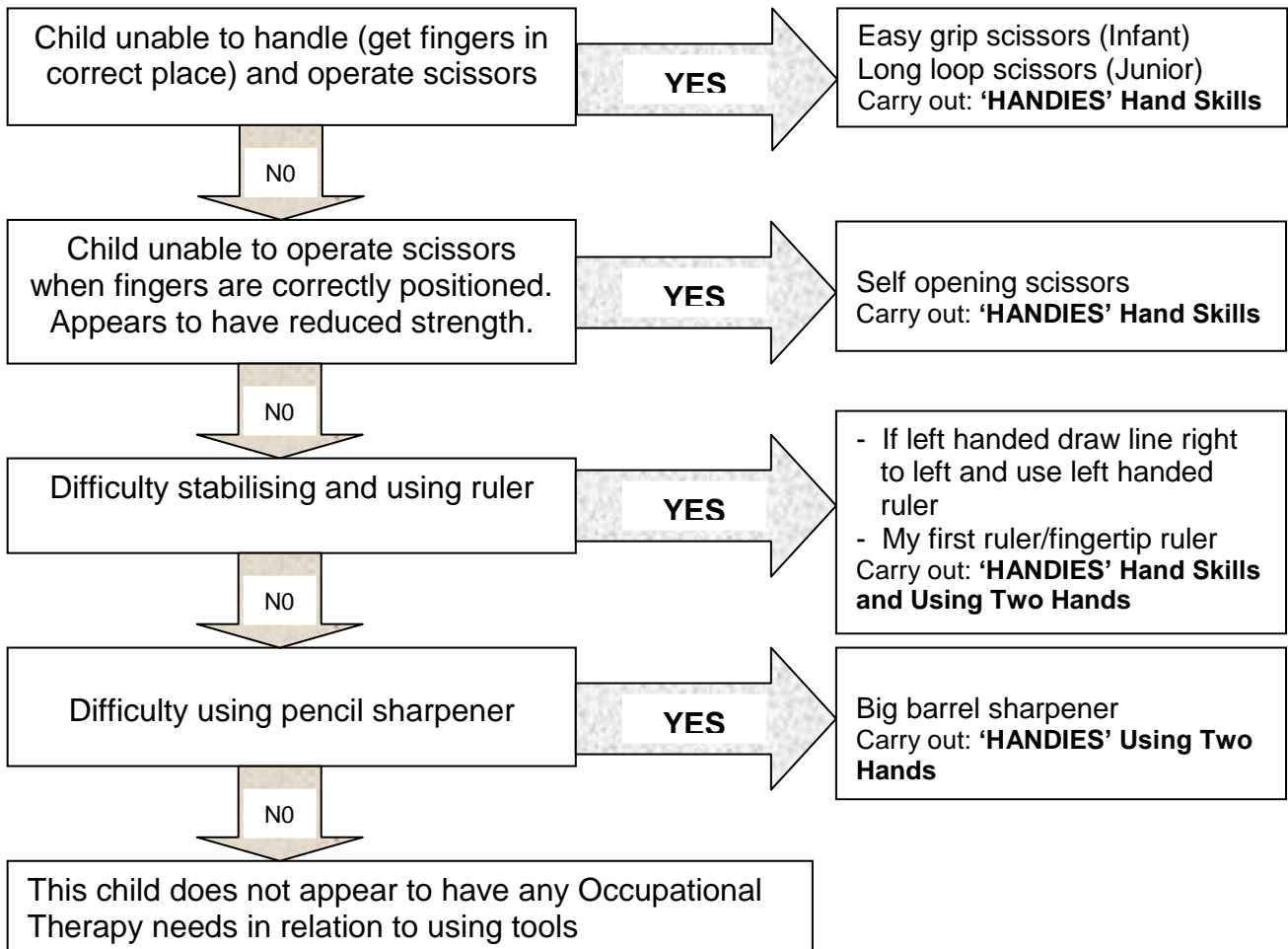


CONTINUED:

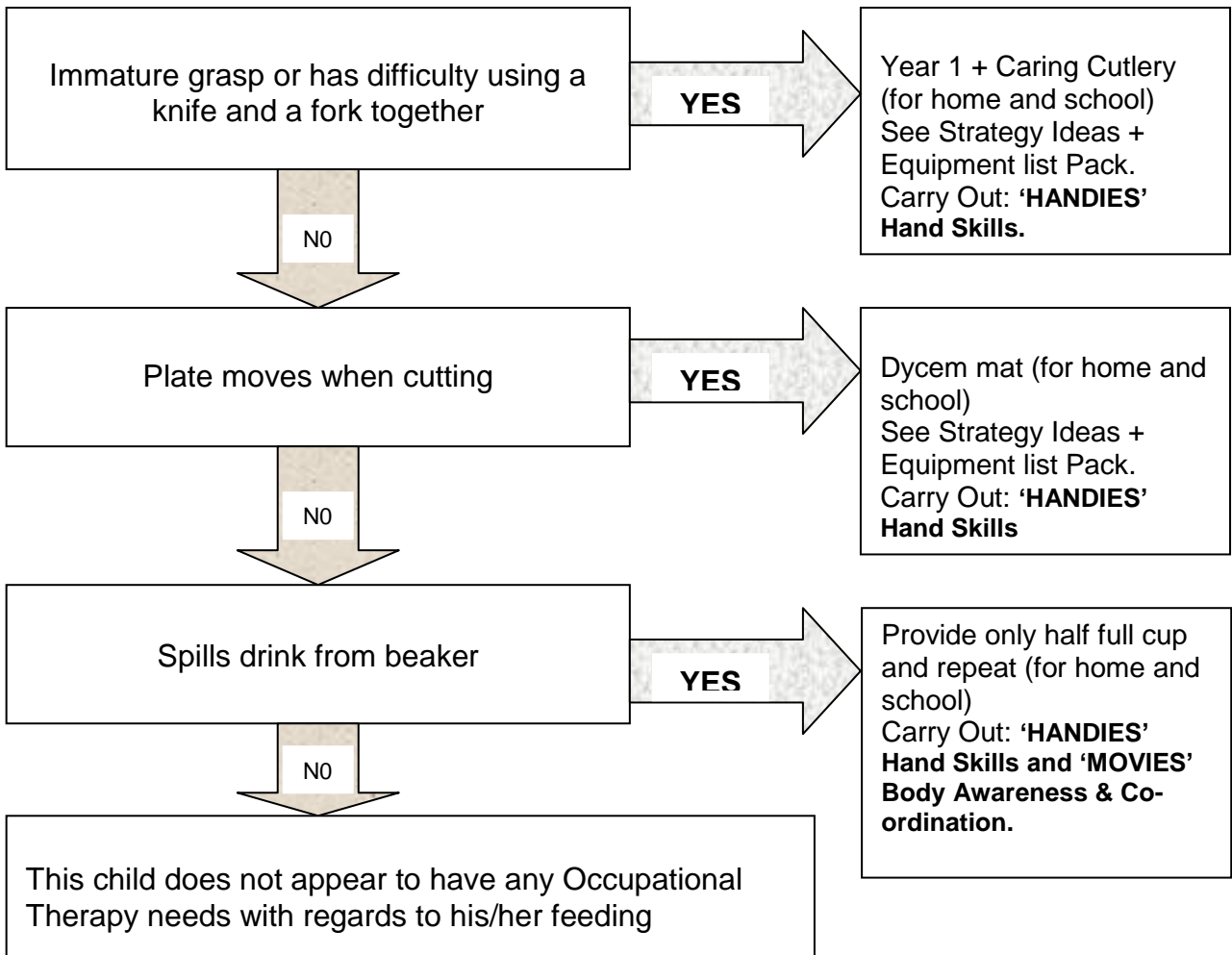
**PENCIL SKILLS FLOW CHART  
TO EQUIPMENT OR STRATEGY SHEET**



**USING A SCISSORS/ RULLER/ PENCIL SHARPENER  
TO EQUIPMENT OR STRATEGY SHEET**



**FEEDING FLOW CHART  
TO EQUIPMENT OR STRATEGY**



## SENSORY FLOW CHART TO EQUIPMENT OR STRATEGY

### **Tactile**

- \* Avoids getting “messy”, e.g. paint/glue?
- \* Reacts emotionally or aggressively to touch?
- \* Has difficulty standing in line or close to others, appearing irritable or fearful?
- \* Decreased awareness of pain and temperature?

**YES**

**Carry out:  
Tactile Strategies &  
Calming Strategies**

NO

### **Auditory**

- \* Is distracted or has trouble functioning if there is a lot of noise around?
- \* Can't work with background noise, e.g. fan/projector?
- \* Frequently holds hands over ears to protect ears from sound?

**YES**

**Carry out:  
Auditory Strategies &  
Calming Strategies**

NO

### **Modulation and Regulation**

- \* Seems oblivious in an active environment?
- \* Appears to not hear what you say, i.e. “tune-in” even though hearing is ok?
- \* Doesn't notice when people enter the room?
- \* Appears lethargic, i.e. no energy/sluggish?

**YES**

**Carry out:  
Organising and Alerting  
Strategies**

NO

### **Sensory seeking**

- \* Has trouble “keeping hands to self”?
- \* Displays unusual need for touching certain toys, surfaces or textures?
- \* Enjoys strange noises/seek to make noises for noise's sake?
- \* Seeks all kinds of movement, e.g. can't sit still, fidgets?
- \* Becomes overly excitable during movement activity?
- \* Mouths objects, i.e. pencil, hands?

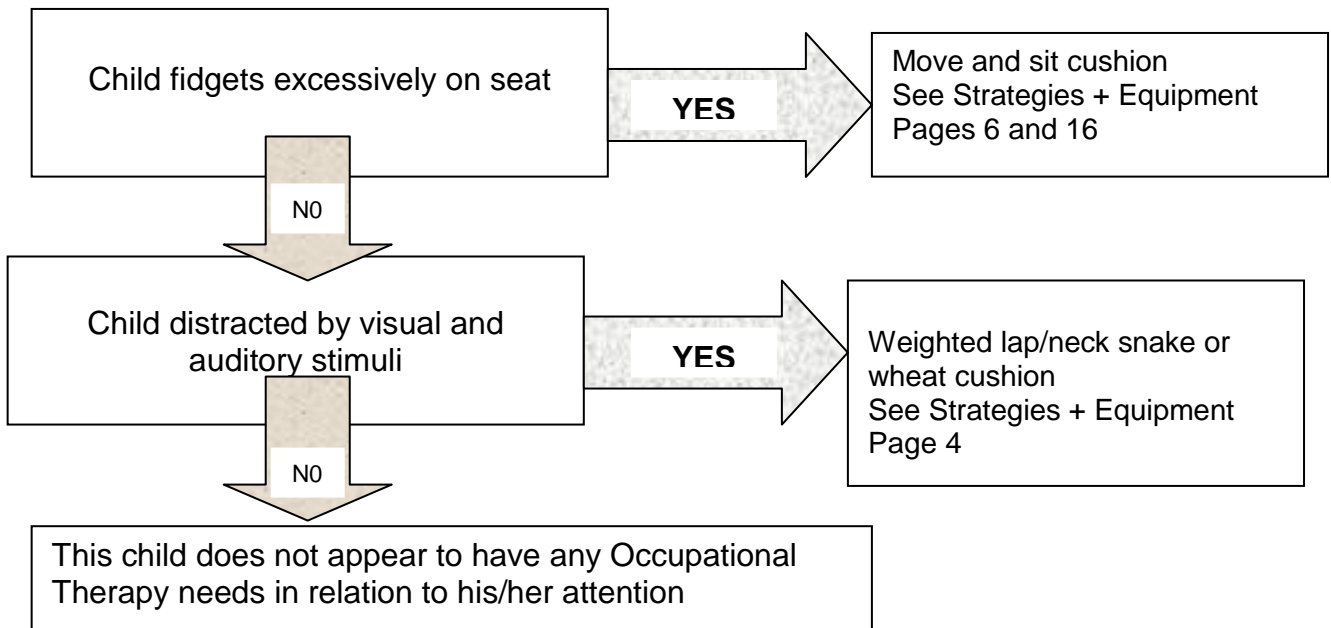
**YES**

**Carry out:  
Organising and Alerting  
Strategies**

NO

This child does not appear to have any Occupational Therapy needs in relation to his/her sensory skills.

## ATTENTION AND CONCENTRATION



## Occupational Therapy Service Progress Record

This form has been developed to assist you in reviewing the progress of children following screening and during the implementation of activity and strategy sheets. They are only an aid and for you to use if helpful, they are not essential for referral to the service.

Identify a maximum of 3 main difficulties following screening with the flow charts. List the difficulty areas in the first column. Implement the relevant activity sheets and review every 6 weeks (half term) for 12 school weeks (one school term).

A record sheet is also available to record details of progress made.

If no progress is made please seek further advice from the Occupational Therapy service.

**Childs Name:**

**Date of screening:**

<b>Flow Chart: E.g. Handwriting</b>			
<b>Identified Area</b> E.g. Holds pencil in an unconventional way?	<b>Review Date:</b> 01/04/07	<b>Review Date:</b> 14/05/07	
<b>Activity/Strategy</b> E.g. Hand Skills	<b>Experiencing Difficulty</b> Yes      No		<b>Experiencing Difficulty</b> Yes      No
<b>Initial Performance</b> E.g. <ul style="list-style-type: none"> <li>• Is wrapping thumb around pencil.</li> <li>• Pressing on paper too hard.</li> </ul>	✓		✓
<b>Flow Chart: E.g., Pencil Skills</b>			
<b>Identified Area</b> E.g., Grips pencil too hard.	<b>Review Date:</b> 01/04/07	<b>Review Date:</b> 14/05/07	
<b>Activity/Strategy</b>	<b>Experiencing Difficulty</b> Yes      No		<b>Experiencing Difficulty</b> Yes      No
<b>Initial Performance</b> E.g. Gripping pencil tight – grip provided		✓	
<b>Flow Chart</b>			
<b>Identified Area</b>	<b>Review Date:</b>	<b>Review Date:</b>	
<b>Activity/Strategy</b>	<b>Experiencing Difficulty</b> Yes      No		<b>Experiencing Difficulty</b> Yes      No
<b>Initial Performance</b>			



**Occupational Therapy Service**  
**Progress Record**

Childs Name:

Date of screening:

<b><i>Flow Chart:</i></b>				
<b>Identified Area</b>	<b>Review Date:</b>		<b>Review Date:</b>	
<b>Activity/Strategy</b>	<b>Experiencing Difficulty</b> Yes      No		<b>Experiencing Difficulty</b> Yes      No	
<b>Initial Performance</b>				
<b><i>Flow Chart:</i></b>				
<b>Identified Area</b>	<b>Review Date:</b>		<b>Review Date:</b>	
<b>Activity/Strategy</b>	<b>Experiencing Difficulty</b> Yes      No		<b>Experiencing Difficulty</b> Yes      No	
<b>Initial Performance</b>				
<b><i>Flow Chart:</i></b>				
<b>Identified Area</b>	<b>Review Date:</b>		<b>Review Date:</b>	
<b>Activity/Strategy</b>	<b>Experiencing Difficulty</b> Yes      No		<b>Experiencing Difficulty</b> Yes      No	
<b>Initial Performance</b>				



## National and Community Resources

### NATIONAL AND IRISH ASSOCIATIONS AND GROUPS

Name	Phone Number	Email Address
Epilepsy Ireland	01 - 4557500	info@epilepsy.ie
Dyslexia Association of Ireland	01 – 8776001	info@dyslexia.ie
National Disability Authority	01 – 6080400	nda@nda.ie
Down’s Syndrome Ireland	01- 4266500	info@downsyndrome.ie
The ERB’s Palsy Association of Ireland	086 – 6666200	info@erbspalsy.ie
Hyperactive Children’s Support Group	01243539966	hacsg@hacsg.ork.uk
HADD Ireland (people affected by ADHD)	01 – 8748349	info@hadd.ie
Muscular Dystrophy Ireland	01 - 6236414	info@mdi.ie
National Autistic Society	044 - 9371680	info@autismireland.ie

### USEFUL WEBSITES

- Irish Dyslexia Association [www.dyslexia.ie](http://www.dyslexia.ie)
- International Dyslexia Association [www.interdys.org](http://www.interdys.org)
- The Dyslexia Institute [www.dyslexia-inst.org.uk](http://www.dyslexia-inst.org.uk)
- ADHD.com [www.hadd.ie](http://www.hadd.ie)
- HADD Ireland [www.adhd.com](http://www.adhd.com)
- Touch typing programme [www.bbc.co.uk/school/typing](http://www.bbc.co.uk/school/typing)
- Disability service information [www.disability.ie](http://www.disability.ie)
- Muscular Dystrophy Ireland [www.mdi.ie](http://www.mdi.ie)
- Irish Autism Action [www.autismireland.ie](http://www.autismireland.ie)
- Assist Ireland [www.assistireland.ie](http://www.assistireland.ie)
- Monaghan Youth(Drama) [www.monaghanyouth.ie](http://www.monaghanyouth.ie)
- Monaghan Workshops and Classes [www.iontascastleblaney.ie](http://www.iontascastleblaney.ie)
- Monaghancoderdojo . [www.monaghancoderdojo.com](http://www.monaghancoderdojo.com)
- Developmental Coordination Disorder [www.canchild.ca](http://www.canchild.ca)
- Dyspraxia/DCD [www.dyspraxia.ie](http://www.dyspraxia.ie)

### CAVAN AND MONAGHAN COMMUNITY RESOURCES/SUPPORT GROUPS

- Special Olympics Monaghan 0877985451
- ISPC 04775860

- Citizens Information 0761075200
- Big
- SNAP snapmonaghan@gmail.com
- MAPS Carrickmacross
- Parenting Plus Ballybay 0429756996

### Suggested Reading List

O'Dell N., Cook P, Stopping Hyperactivity a new solution, Avey.  
ISBN 0-89529-789-2.

Jones C, Attention Deficit Disorder – Strategies for school age children.

Kranowitz C.S, The out of Sync Child: Recognising and coping with Sensory Integration Dysfunction. Perigee, ISBN 0-399-52386-3

Teodorescu & Addy L, The Teodorescu Perceptuo-Motor Programme – Write from the Start Part 1 and 2 and Teachers Guide. ISBN 1-85503-245-7

Portwood M, Developmental Dyspraxia Identification and Intervention: A manual for Parents and Professionals. David Fulton, ISBN 1-85346-573-9

Lev LJ, Eye-Hand Co-ordination BOOSTERS. Ann Arbor Publishers, ISBN 0-87879-623-1 Tel; 01668 214460 or order direct at [www.annarbor.co.uk](http://www.annarbor.co.uk)

LDA, Lets Look: 94 photocopy masters for Visual Discrimination activities. ISBN 1-87879-615-0

Barsch R, Block Aid – Work Configurations Academic Therapy Publishers, ISBN 0-87879-615-0 (order direct at [www.annarbor.co.uk](http://www.annarbor.co.uk))

Carol Kranowitz, The goodenoughs get in sync, ([www.amazon.co.uk](http://www.amazon.co.uk))