



Occupational Therapy Intensive Screener

Thank you for your interest in completing an occupational therapy intensive at Tender Ones Therapy Services. Please answer the questions below to assist us in determining if our intensive program can meet the needs of your child.

Child's Name: _____ D.O.B. _____ Diagnosis: _____

1. Does your child have a new or emerging skill (ex. Buttoning a shirt, activating a toy)?

a. Please describe this skill _____

2. Has your child recently been discharged from inpatient rehab?

a. Please explain _____

3. Does your child currently receive occupational therapy services?

a. Frequency? _____

b. Duration? _____

4. What is your child's tolerance level to OT sessions? _____

5. Can your child follow 1 step directions? _____

6. Does your child demonstrate any aggressive behaviors? If yes, explain _____

7. Did your occupational therapist recommend an OT intensive? _____

8. What is your overall goal/s for this OT intensive? _____
