Children and Young People’s Occupational Therapy Resource Pack

The difficulty and what you can do

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This pack has been modified with permission from the Paediatric Occupational Therapy team in the North Surrey Locality

Surrey NHS Primary Care Trust

The difficulty and what you can do. (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.

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 Screening Form

Name:        Date:

Difficulties identified?

What flow charts were used?

<table>
<thead>
<tr>
<th>Tool Use &amp; Self Care Skills</th>
<th>Seating</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Making Sense of what you See (Perceptual) Skills</td>
<td>Pencil Skills</td>
<td></td>
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<tr>
<td>Using tools</td>
<td>Attention</td>
<td></td>
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<tr>
<td>Large Whole Body Movements (Gross Motor) Skills</td>
<td>Feeding</td>
<td></td>
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<tr>
<td>Sensory</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Activity/Strategy Sheets:

<table>
<thead>
<tr>
<th>Activity/Strategy Sheets:</th>
<th>Identified</th>
<th>Date started</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIZZIES</td>
<td>Memory</td>
<td></td>
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<tr>
<td></td>
<td>Visual Perception</td>
<td></td>
</tr>
<tr>
<td>HANDIES</td>
<td>Using Two Hands</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hand Skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Letter Formation</td>
<td></td>
</tr>
<tr>
<td>MOVIES</td>
<td>Body Awareness &amp; Co-ordination</td>
<td></td>
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<tr>
<td></td>
<td>Ball Skills</td>
<td></td>
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<tr>
<td></td>
<td>Balance</td>
<td></td>
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<tr>
<td>SENSORY</td>
<td>Tactile Strategies</td>
<td></td>
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<tr>
<td></td>
<td>Auditory Strategies</td>
<td></td>
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<td></td>
<td>Calming Strategies</td>
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<tr>
<td></td>
<td>Organising and Alerting Strategies</td>
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</tr>
<tr>
<td>Additional Sheets</td>
<td>How to Tie a Tie</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tips for Dressing</td>
<td></td>
</tr>
</tbody>
</table>

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 2 terms 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

<table>
<thead>
<tr>
<th>Displays letter reversals?</th>
<th>YES</th>
<th>Carry out: Letter Formation ‘HANDIES’ Visual Perception ‘VIZZIES’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Produces poorly sized and spaced letters</td>
<td>YES</td>
<td>Carry out: Body Awareness &amp; Co-ordination ‘MOVIES’ Visual Perception ‘VIZZIES’</td>
</tr>
<tr>
<td>Poor organisation of letters when writing</td>
<td>YES</td>
<td>Carry out: Letter Formation ‘HANDIES’ Visual Perception ‘VIZZIES’</td>
</tr>
<tr>
<td>Has difficulty copying letters, numbers and shapes</td>
<td>YES</td>
<td>Carry out: Letter Formation ‘HANDIES’ Visual Perception ‘VIZZIES’</td>
</tr>
<tr>
<td>Has difficulty recognising &amp; matching shapes, letters and objects</td>
<td>YES</td>
<td>Carry out: Visual Perception ‘VIZZIES’</td>
</tr>
<tr>
<td>Does not look where they are going, bumps into things?</td>
<td>YES</td>
<td>Carry out: Body Awareness &amp; Co-ordination ‘MOVIES’</td>
</tr>
<tr>
<td>Difficulty remembering letters, shapes, numbers.</td>
<td>YES</td>
<td>Carry out: Memory ‘VIZZIES’</td>
</tr>
</tbody>
</table>

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

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The difficulty and what you can do. (Buckinghamshire Healthcare NHS Trust)
This child does not appear to have any Occupational Therapy needs in relation to his/her Handwriting skills.
Unable to open and close scissors adequately?

- YES
  - Carry out: Hand Skills ‘HANDIES’

Has poor control of pencil?

- YES
  - Carry out: Hand Skills ‘HANDIES’

Has difficulty using knife and fork together?

- YES
  - Carry out: Using two hands ‘HANDIES’
  - See: Feeding Flowchart

Is awkward/messy during eating?

- YES
  - Carry out: Body awareness & Co-ordination ‘MOVIES’
  - See: Feeding Flowchart

Difficulty with clothes back to front and poorly organised?

- YES
  - Carry out: Body awareness & Co-ordination ‘MOVIES’
  - See: Perceptual Flow-chart + Tips for Dressing handout

Is experiencing difficulty with fastening zips, buttons, laces etc?

- YES
  - Carry out: Using two hands & Hand Skills ‘HANDIES’
  - See: Tips for Dressing handout

This child does not appear to have any Occupational Therapy needs in relation to his/her functional skills.
Has difficulty negotiating obstacles around classroom?  
NO

Has difficulty following instructions in P.E.?  
NO

Difficulty catching a ball using two hands?  
NO

Appears clumsy in moving and positioning self?  
NO

Appears to lose balance easily?  
NO

YES

Carry out: Body Awareness & Co-ordination ‘MOVIES’  
See: Perceptual Flow Chart

YES

Carry out: Body Awareness & Co-ordination ‘MOVIES’

YES

Carry out: Ball Skills ‘MOVIES’

YES

Carry out: Body Awareness & Co-ordination ‘MOVIES’

YES

Carry out: Balance ‘MOVIES’

This child does not appear to have any Occupational Therapy needs in relation to his/her Gross Motor skills.
Chair too big for child (feet not flat with bottom back).  

- NO

Table too high for child.  

- NO

Child slouching at desk when chair pulled in  

- NO

Child sits sideways on chair.  

- NO

Child raises shoulders when writing  

- NO

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

Foot step – see pages 7+8 in Strategy Ideas + Equipment list Pack

Lower table or add a seat cushion and foot step (if feet not on floor) – see pages 7+8 in Strategy Ideas + Equipment list Pack

Posture pack (sloping board and seat wedge) – see pages 7+8 in Strategy Ideas + Equipment list Pack

Seat wedge– see pages 7, 8+16 in Strategy Ideas + Equipment list

Sloping board– see pages 7+8 in Strategy Ideas + Equipment list Pack and carry out: Body Awareness& Co-ordination ‘MOVIES’
**PENCIL SKILLS FLOW CHART**
**TO EQUIPMENT OR STRATEGY SHEET**

1. **Child left handed and hooking**
   - **YES**
   - Options:
     - Yoropen
     - Stabilo Move Easy roller ball
     - The Pencil Grip (soft) 2.0 cm from tip
     - Sloping board
     - Practise writing on vertical surfaces and carry out: Hand Skills ‘HANDIES’

2. **Child thumb wraps or reduced space between thumb and index present**
   - **YES**
   - Options:
     - Yoropen
     - Hand Huggers or Faber Castel Grip 2001 pencil
     - Larger and stronger pencil grip
     - Tri-go grip
     - Grippit (small)
     - and carry out: Hand Skills ‘HANDIES’

3. **Difficulty establishing a tripod grip**
   - **YES**
   - Options:
     - Tri-go grip
     - Large triangular grip
     - Short pencil
     - Hand Huggers
     - Large writing tools e.g. egg chalks and crayons

4. **Presses too hard on paper**
   - **YES**
   - Options:
     - Pencil Grip (soft) 2 cm from tip
     - Light Pen
     - Vibrating pen
     - Experiment with carbon paper, sand paper
     - Sloping board
     - and carry out: Hand Skills ‘HANDIES’

5. **Child hooks wrist when writing**
   - **YES**
   - Options:
     - Sloping board and/or elastic band around pencil 2.5 cm from tip or Yoro pen

6. **Paper moves when child is writing**
   - **YES**
   - Prompt to stabilise and/or use Dycem mat

7. **Presses too lightly on paper**
   - **YES**
   - Options:
     - Light pen
     - Vibrating pen
     - Experiment with carbon paper, sand paper, Dycem mat
     - and carry out: Body Awareness & Co-ordination ‘MOVIES’

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CONTINUED:

PENCIL SKILLS FLOW CHART
TO EQUIPMENT OR STRATEGY SHEET

Difficulty stabilising and using ruler.

- If left handed draw line right to left
- ridged ruler
Carry out: ‘HANDIES’ Hand Skills and Using Two Hands

Grips pencil too high.

- Use elastic band 2cm from tip of the pencil (to create a soft grip)

Aching fingers.

- Pencil grip
- Encourage child to put pencil down and stretch fingers
Carry out: ‘HANDIES’ Hand Skills

Holds pencil too tightly.

Options
- Wide writing tools
- Hand Huggers
- Large triangular pencil grip
Carry out: ‘HANDIES’ Hand Skills and ‘MOVIES’ Body Awareness & Co-ordination

Difficulty keeping letters on the line.

- Raised Line writing paper
Carry out: ‘VIZZIES’ Visual Perception

This child does not appear to have any Occupational Therapy needs with regards to his/her pencil skills.

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USING TOOLS TO EQUIPMENT OR STRATEGY SHEET

**Child unable to handle (get fingers in correct place) and operate scissors**
- **YES**
  - Easy grip scissors (Infant)
  - Long loop scissors (Junior)
  - Carry out: ‘HANDIES’ Hand Skills

**Child unable to operate scissors when fingers are correctly positioned. Appears to have reduced strength.**
- **YES**
  - Self opening scissors
  - Carry out: ‘HANDIES’ Hand Skills

**Difficulty stabilising and using ruler**
- **YES**
  - If left handed draw line right to left and use left handed ruler
  - My first ruler/fingertip ruler
  - Carry out: ‘HANDIES’ Hand Skills and Using Two Hands

**Difficulty using pencil sharpener**
- **YES**
  - Big barrel sharpener
  - Carry out: ‘HANDIES’ Using Two Hands

**This child does not appear to have any Occupational Therapy needs in relation to using tools**

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**ATTENTION**

**Child fidgets excessively on seat**
- **YES**
  - Move and sit cushion
  - See Strategies + Equipment Pages 6 and 16

**Child distracted by visual and auditory stimuli**
- **YES**
  - Weighted lap/neck snake or wheat cushion
  - See Strategies + Equipment Page 4

**This child does not appear to have any Occupational Therapy needs in relation to his/her attention**
The difficulty and what you can do. (Buckinghamshire Healthcare NHS Trust)
* 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?

**YES**

Carry out: Tactile Strategies & Calming Strategies

**NO**

* 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**

* 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?
* Decreased awareness of pain and temperature?
* Doesn’t seem to notice when face or hands are messy?
* Appears lethargic, i.e. no energy/sluggish?

**YES**

Carry out: Organising and Alerting Strategies

**NO**

* Has trouble “keeping hands to self”?*
* Displays unusual need for touching certain toys, surfaces or textures?
* Enjoys strange noises/seeks 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.
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:

<table>
<thead>
<tr>
<th>Flow Chart: E.g. Handwriting</th>
<th>Identified Area</th>
<th>Review Date:</th>
<th>Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. Holds pencil in an unconventional way?</td>
<td>01/04/07</td>
<td>14/05/07</td>
<td></td>
</tr>
<tr>
<td>Activity/Strategy</td>
<td>Experiencing Difficulty</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>E.g. Hand Skills</td>
<td>Experiencing Difficulty</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Initial Performance</td>
<td></td>
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<tr>
<td>E.g.</td>
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<td></td>
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<tr>
<td>• Is wrapping thumb around pencil.</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>• Pressing on paper too hard.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Flow Chart: E.g., Pencil Skills</th>
<th>Identified Area</th>
<th>Review Date:</th>
<th>Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g., Grips pencil too hard.</td>
<td>01/04/07</td>
<td>14/05/07</td>
<td></td>
</tr>
<tr>
<td>Activity/Strategy</td>
<td>Experiencing Difficulty</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Initial Performance</td>
<td>Experiencing Difficulty</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>E.g. Gripping pencil tight – grip provided</td>
<td>✓</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Flow Chart</th>
<th>Identified Area</th>
<th>Review Date:</th>
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<tbody>
<tr>
<td>Activity/Strategy</td>
<td>Experiencing Difficulty</td>
<td>Yes</td>
<td>No</td>
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<td>Experiencing Difficulty</td>
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<tr>
<td>Initial Performance</td>
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</table>
## Occupational Therapy Resource Pack

**Progress Notes**

Childs Name:

<table>
<thead>
<tr>
<th>Activity Sheet:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
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National and Community Resources

NATIONAL ASSOCIATIONS AND GROUPS

- British Epilepsy Association 0800 309030
- British Dyslexia Association 0118 966 8271
- Council for Disabled Children 020 7843 6000
- Disability Information Service – Surrey 01306 875 156
- Down’s Syndrome Foundation 020 8682 4001
- ERB’s Palsy Group 01203 452321
- Hyperactive Children’s Support Group 01903 725182 (10am-1pm mon-fri.)
- Muscular Dystrophy Group 020 7720 8055
- National Autistic Society 020 88662244
- National Disability Advice 0800 882200
- National Society for Epilepsy 01494 873991

USEFUL WEBSITES

- British Dyslexia Association www.bda-dyslexia.org.uk
- International Dyslexia Association www.interdys.org
- The Dyslexia Institute www.dyslexia-inst.org.uk
- ADHD.com www.adhd.com
- Touch typing programme www.bbc.co.uk/school/typing

COMMUNITY RESOURCES

- Horizons Sports Club 01844345432
- The Stoke Mandeville Stadium (Wheel power) 01296484848
- Aces Wheelchair Basketball Club 01494483047
- Bucks Activity Project 01296336942
- NAS South Bucks/North Bucks 02088662244
- Aqua Vale 01296488555
Suggested Reading List


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


Carol Kranowitz, The goodenoughs get in sync, (www.amazon.co.uk)