



Teacher & Therapist Collaboration



Child Information (to be filled out by Child Development Center)

Child's Name: _____

School / Classroom: _____ Teacher's Name: _____

Things That Have Been Challenging at School:

Therapy Information (to be filled out by Therapist)

Therapist Name and Clinic: _____

Therapist Discipline (OT/PT/SLP/other): _____

Primary Areas of Support

Please check areas currently addressed in therapy:

- Fine motor (pre-writing, grasp, manipulation)
- Gross motor (balance, stairs, playground)
- Sensory processing
- Self-help (dressing, feeding, toileting)
- Speech sounds/articulation
- Language (understanding, expressing ideas)
- Social communication
- Attention/engagement
- Behavior/self-regulation
- Other: _____

Child Strengths: What does this child do well that we can build on in the classroom?

Current Goals: Please list current therapy goals in everyday terms:

What strategies, accommodations, or supports may be helpful in the classroom?