



Teacher & Therapist Collaboration



Child Information (to be fill 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?