Occupational Therapy Onsite Teaching Clinic
Pediatric Participant Self-Referral Form 2027

The University of Puget Sound School of Occupational Therapy Teaching Clinic provides **FREE** services to community volunteers and/or participants. Each session is led by a graduate level occupational therapy student, supervised by a licensed occupational therapist.

If you are interested in having your child participate in the UPS School of Occupational Therapy Teaching Clinic, please fill out the form below and **return** to the following:

Mail: 1500 N. Warner Street #1070, Tacoma, WA 98416-1070.

Fax#: 253-879-3518

Email: otclinic@pugetsound.edu

Upon receipt, a staff member will contact you to discuss participation and scheduling options. If you have any questions please call 253-879-3514 or email otclinic@pugetsound.edu.

Child Information		
Child Participant's Name (pronouns):		
Date of Birth:		
Has your child attended this clinic before? ☐ Yes ☐ No		
School (if appropriate):	Grade:	
Parent/Guardian Information		
Name (pronouns):	Relationship to child:	
Address:		
City:	State:	ZIP Code:
Primary Phone:	Email:	
Alternate Phone (if applicable):		
Emergency Contact		
Name (pronouns):	Relationship to child:	
Phone:	Email:	
Communication Preferences		
Please indicate all methods we can use to contact you about appointments:		
☐ Primary phone number (listed above) Can we leave a detailed message at this number? ☐ Yes ☐ No ☐ Email (listed above):		
Medical Information		
Physician Name:		
Physician Contact Information:	Phone:	Email:
Diagnosis/ Health Condition(s):		

OCCUPATIONAL THERAPY ONSITE TEACHING CLINIC
PEDIATRIC PARTICIPANT SELF-REFERRAL FORM 2027

Medication(s):

Precautions (if any):

Medical History:

Referral Information

Who referred your child to our teaching clinic?

- ☐ Self
- ☐ School (name/ facility): _____
- ☐ Therapist (name/ facility): _____
- ☐ Physician (name/ facility): _____
- ☐ Other: _____

Why would you like your child to participate in the School of Occupational Therapy Teaching Clinic?

Please describe your child's strengths:

Please describe your child's development
(include any difficulties in pregnancy, birth, or milestone development):

Area(s) of Concern:

Please check any of the following that you would like to be addressed during the teaching clinic:

- ☐ **Behavioral Skills**
  - ☐ Transitions between activities
  - ☐ Following Directions
- ☐ **Cognitive Skills**
  - ☐ Attention
  - ☐ Organization
  - ☐ Sequencing
- ☐ **Fine Motor Skills**
  - ☐ Grasping/ Pinching
  - ☐ Handwriting
  - ☐ Keyboarding
- ☐ **Gross Motor Skills**
  - ☐ Balance
  - ☐ Coordination
  - ☐ Motor planning/ Praxis
- ☐ **Mobility:**
  - ☐ Walking/ Running
  - ☐ Navigating the Environment
  - ☐ Community Mobility
- ☐ **Play**
  - ☐ Exploratory Play Skills
  - ☐ Play Preferences
  - ☐ Play with Others
- ☐ **Self-Care**
  - ☐ Eating/ Feeding
  - ☐ Dressing
  - ☐ Toileting
  - ☐ Bathing
  - ☐ Other
- ☐ **Sensory Skills**
  - ☐ Over-reactive
  - ☐ Under-reactive
- ☐ **Social Skills**
  - ☐ Functional Communication
  - ☐ Parent Interactions
  - ☐ Sibling Interactions
  - ☐ Peer Interactions
- ☐ **Other:** _____

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Spring Teaching Clinic Scheduling	
Please indicate your availability by marking your preferred time starting at 1st - 5th Choice	
Morning Times ☐ 8:00- 8:45am ☐ 9:00- 9:45am ☐ 10:00- 10:45am	Afternoon Times ☐ 2:30- 3:15pm ☐ 3:30- 4:15pm
Please indicate which day is preferred: ☐ Tuesday ☐ Thursday ☐ No Preference	
• Participants will be scheduled for either a Tuesday OR Thursday session time for the duration of the teaching clinic. • You will be contacted to discuss possible scheduling options only after all forms have been received and reviewed by the clinic coordinator.	
Forms can be returned to: **USPS mail:** UPS School of OT Attn: Teaching Clinic 1500 N. Warner St. #1070 Tacoma, WA 98416-1070 **FAX:** (253) 879-3518 **EMAIL:** otclinic@pugetsound.edu *If you have any questions, please contact the clinic office at (253) 879-3514.*	
Thank you!	