



Telehealth Occupational/Physical Therapy Candidacy Checklist

Directions for use: Please gather information on the below skills via parent interview as well as direct observation with client. A copy of this document will be uploaded to clients file, and relevant information should be included in report. Please make additional notes as needed. This information should be considered as part of the decision-making process to ensure quality of service delivery is maintained.

Task	Yes/No/With assistance	Notes
Adequate space in the home for gross motor activities		
Table top space for fine motor activities		
Ability to attend to session in front of camera with caregiver		
Caregiver able to attend to entire session		
Ability to see material on a computer screen		
Ability to follow directions to operate equipment		
Manual dexterity to operate keyboard if necessary for clients treatment plan		
Adequate hearing acuity to access speech via a microphone and possibly from 10 foot distance from device so able to work with child hands free		
Adequate ability to communicate via a microphone		
Adequate comfort level with technology		
Willingness of patient, family/caregiver to actively participate in session		
Any cultural/linguistic considerations that need to be considered? (interpreter available if needed)		
Access to availability of technical resources if needed. (ie. laptop/computer/ipad/smartphone, Email, printer, etc)		

Notes

Client Name: \_\_\_\_\_

Clinician Name: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_