**Motor Screening Checklist**

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| --- | --- | --- | --- | --- | --- | --- |
| Name (Last, First, M.I.): | |  | | ☐ M ☐ F | DOB: |  |
| Student ID: |  | | | **Grade:** | | |
| Teacher: |  | | | **Subject:** | | |
| Date Completed: | | |  | **School:** | | |

***Please check the behaviors below that correspond with the concerns you have regarding your student. These concerns should only be related to Occupational and Physical Therapy needs. You must check one of the highlighted below.***

**\_\_\_\_\_ No Concerns at this time**

**\_\_\_\_\_ Concerns that warrant a referral for an OT or PT evaluations – Please obtain consent for evaluation**

**Posture and Strength:**

\_\_\_\_\_Head held to one side while drawing/looking at objects

\_\_\_\_\_Hikes shoulders when cutting/drawing/manipulating crafts

\_\_\_\_\_Frequently stands during seated work

\_\_\_\_\_Excessive fidgeting in sitting

\_\_\_\_\_Leans on desk or people for support

\_\_\_\_\_Has trouble getting up from the floor

\_\_\_\_\_Fatigues easily

\_\_\_\_\_Seems to have strong arms but a weak core

**Clumsiness/Poor coordination/Poor Spatial Judgment:**

\_\_\_\_\_Poor balance/avoids challenges to balance on playground

\_\_\_\_\_Trips/Falls easily or doesn’t look where he/she is going

\_\_\_\_\_Runs into desks/doorways/peers

\_\_\_\_\_Has trouble learning new games or copying hand/body motions or avoids them

\_\_\_\_\_Seems to be behind peers in motor skills

\_\_\_\_\_Tenses, drools, sticks out tongue, grits teeth when working

\_\_\_\_\_Trouble going up and/or down stairs

**Functional Vision:**

\_\_\_\_\_\_Has diagnosed visual problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Trouble with ball skills, blinks or turns away when a ball approaches

\_\_\_\_\_\_Has trouble tracing on a line or staying inside a path but good fine motor skills

\_\_\_\_\_\_Poor eye contact

\_\_\_\_\_\_Easily visually distracted

\_\_\_\_\_\_Seems to grab without looking

\_\_\_\_\_\_Blinks/Rubs eyes or squints during/after visual activities

\_\_\_\_\_\_Seems to be sensitive to light or computer work

\_\_\_\_\_\_Short attention span for visual motor/writing/drawing activities

\_\_\_\_\_\_Frequently stares into the distance/out a window when working

\_\_\_\_\_\_ Difficulty writing on a line or sizing letters

\_\_\_\_\_\_ Skips lines/words when reading or has poor reading comprehension

\_\_\_\_\_\_ Difficulty with word searches and/or design copying

\_\_\_\_\_\_ Difficulty copying from the board or copying from a page, needs increased time

**Fine Motor Problems:**

\_\_\_\_\_Difficulty manipulating small objects (coins, beads, pegs)

\_\_\_\_\_Uses middle finger instead of index finger to pick up small objects

\_\_\_\_\_ Uses fist grasp or several fingers to pick up small objects

\_\_\_\_\_ Difficulty holding writing/coloring utensils or awkward grasp

\_\_\_\_\_ Colors too lightly or with too much force (circle one)

\_\_\_\_\_ Uses whole arm movements versus isolating wrist and finger movements with

writing/drawing

\_\_\_\_\_ Has difficulty manipulating scissors to cut paper

\_\_\_\_\_ Seems to have weak hands or hikes shoulders with resistive tasks such as play dough

\_\_\_\_\_ Difficulty with in-hand manipulation (ex: separating pennies to move them from palm to fingertips)

**Gross Motor Problems:**

\_\_\_\_\_ difficulty Hopping on one foot   
\_\_\_\_\_ difficulty Going up and down stairs with one foot on each step (using handrail)

\_\_\_\_\_ difficulty Bouncing and catching a ball

\_\_\_\_\_ difficulty Skipping

\_\_\_\_\_ difficulty Galloping

\_\_\_\_\_ difficulty Following a 4-5 step gross motor sequence

**Bilateral Integration Problems:**

\_\_\_\_\_Demonstrates mixed hand dominance.

\_\_\_\_\_Does not approach deskwork from left to right

\_\_\_\_\_Avoids activities that require reaching across his/her body or frequently switches hands

\_\_\_\_\_Does not stabilize the paper while writing/drawing/cutting

\_\_\_\_\_Always uses both hands together

\_\_\_\_\_Does not use one hand to stabilize containers when opening them

\_\_\_\_\_Has difficulty with gross motor skills such as jumping with 2 feet or pedaling a bike

**Visual Perceptual/Motor Problems:**

\_\_\_\_\_Poor understanding of spatial concepts/spatial relations (large, small, top, bottom)

\_\_\_\_\_Difficulty completing interlocking puzzles

\_\_\_\_\_Difficulty finding objects in a busy background (hidden pictures or something on a shelf)

\_\_\_\_\_Poor spatial organization of drawings, letters, words, sentences

\_\_\_\_\_Difficulty completing mazes and dot-to-dots

\_\_\_\_\_Difficulty cutting along a line

\_\_\_\_\_Difficulty differentiating between objects on a page

\_\_\_\_\_Has difficulty writing and/or tracing his/her name

\_\_\_\_\_Poor handwriting: legibility, spacing, sizing, formation (circle all that apply)

\_\_\_\_\_Poor design copying skills

**Behaviors Related to Sensory Processing:**

\_\_\_\_\_Has trouble grading force with peers and objects (too much/too little)

\_\_\_\_\_Dislikes being bumped or touched unexpectedly

\_\_\_\_\_Has difficulty identifying body parts

\_\_\_\_\_ Avoids messy activities/splays hands/washes hands immediately following brief use of messy substances

\_\_\_\_\_ Fearful of movement (ex: swings) or heights – Avoids playground equipment

\_\_\_\_\_ Seeks fast movement, spinning, or jumping from heights (Circle one)

\_\_\_\_\_ Gets dizzy or disoriented easily

\_\_\_\_\_ Overly sensitive to certain sounds:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Does not seem aware of new sounds/his name being called

\_\_\_\_\_ Likes to make noises or hum to self frequently

\_\_\_\_\_ Overly active and has difficulty slowing down.

\_\_\_\_\_ Has poor safety awareness

**Activities of Daily Living:**

\_\_\_\_Trouble managing clothing with toileting or putting on jacket

\_\_\_\_Needs assistance to complete classroom routines

\_\_\_\_Is a messy eater, has limited food preferences, has difficulty managing utensils

\_\_\_\_Can’t blow his/her nose

\_\_\_\_Drools: Under stress/with eating/Always

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional specific behaviors or concerns not listed? How are these things impacting the student’s learning?

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