

## School-Aged Checklist Ages 6 and up Occupational Therapy

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date \_\_\_\_\_

School: \_\_\_\_\_ Class/Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Known Diagnoses: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please check all items you have observed which interfere with the child's performance with daily activities at home or in the classroom. Provide additional comments as needed.

### FINE MOTOR (SMALL MUSCLES IN THE HANDS)

- Difficulty manipulating small items (e.g., buttoning or zipping)
- Poor handwriting, coloring, or drawing skills
- Difficulty using scissors with precision
- Awkward grasp of pencils, crayons, or markers
- Poor use of spoon, fork, and knife for eating
- Difficulty opening containers
- Unable to tie shoes

### GROSS MOTOR (LARGE MUSCLES FOR COORDINATION)

- Difficulty walking, running, jumping, or climbing
- Poor balance
- Runs into chairs or desks
- Difficulty catching, throwing or kicking a ball
- Difficulty riding a bike
- Cannot lift heavy objects
- Slouches when sitting
- Tires easily
- Cannot easily get up from the floor or a chair without using arms for support

### SOCIAL/EMOTIONAL/PLAY

- Isolates self from others
- Does not express emotions
- Cries easily
- Difficulty making friends
- Lacks confidence
- Behavior frequently bothers others
- Trouble calming down
- Gets frustrated easily
- Short attention span
- Physically aggressive
- Attention seeking
- Difficulty working independently
- Slow worker

### SELF-CARE/PERSONAL

- Picky eater/avoids certain food textures
- Difficulty with dressing independently
- Bowel and/or bladder issues
- Decreased independence with hygiene (e.g., brushing teeth, bathing, or hair care)
- Has trouble bringing food to mouth, chewing, swallowing, drinking from a cup, or straw use
- Messy eater
- Poor follow through of daily chores
- Poor organization of personal belongings

### SENSORY

- Dislikes certain types of clothing (e.g., tags)
- Avoids getting messy in glue, sand, and/or paint
- Always touching people and/or objects
- Is unphased by cuts, bruises, or injuries
- Avoids climbing, jumping, or spinning
- Dislikes riding in a car and/or gets car sick
- Takes excessive risks while playing
- Is always on the go/moving constantly
- Chews non-edible objects (e.g., pencil or shirt)
- Speaks loudly
- Unable to calm down after vigorous play
- Overly sensitive to noises
- Likes to give and/or receive excessively tight hugs

### VISUAL PROBLEMS

- Poor directional/spatial concepts (e.g., up/down, under/over or small/large)
- Difficulty identifying shapes, numbers, letters, and/or colors
- Reverses letters, numbers, words, or phrases
- Shows poor spacing on written work
- Difficulty putting puzzles together
- Difficulty with reading
- Avoids eye contact
- Diagnosed visual deficits

Comments: