



Preschool Checklist Ages 2-5

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 playing with toys that contain multiple or small pieces
- ☐ Poor handwriting, coloring, or drawing skills
- ☐ Difficulty using scissors
- ☐ Awkward grasp of pencils, crayons, or markers
- ☐ Difficulty lacing beads, stacking blocks, or pushing/pulling apart items
- ☐ Poor use of spoon/fork for eating

GROSS MOTOR (LARGE MUSCLES FOR COORDINATION)

- ☐ Difficulty walking, running, jumping, or climbing
- ☐ Decreased balance or trips easily
- ☐ Difficulty catching, throwing or kicking a ball
- ☐ Delayed motor skill development with rolling, crawling, sitting, or walking
- ☐ Difficulty pedaling a tricycle, climbing a ladder or copying simple movements, e.g. Simon Says
- ☐ Slouches when sitting
- ☐ Tires easily
- ☐ Cannot easily get up from the floor or a chair

SOCIAL/EMOTIONAL/PLAY

- ☐ Isolates self from others
- ☐ Does not express emotions
- ☐ Cries easily
- ☐ Difficulty making friends
- ☐ Poor play skills
- ☐ Behavior frequently bothers others
- ☐ Trouble calming down
- ☐ Gets frustrated easily
- ☐ Unable to sit or pay attention for story time
- ☐ Difficulty playing independently
- ☐ Has fears that interfere with daily routines

SELF-CARE/PERSONAL

- ☐ Picky eater/avoids certain food textures
- ☐ Difficulty with dressing. Explain _____
- ☐ Toilet training is delayed
- ☐ Unable to help with brushing teeth, bathing, or washing/combing hair
- ☐ Has trouble bringing food to mouth, chewing, swallowing, drinking from a cup, or sucking from a straw

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
- ☐ Dislikes movement, spinning or being upside down
- ☐ Avoids climbing, jumping, or spinning
- ☐ Dislikes riding in a car
- ☐ Spins or twirls self frequently during the day
- ☐ Takes excessive risks while playing
- ☐ Is always on the go
- ☐ Mouths or chews on objects/clothing
- ☐ Unable to calm down after vigorous play
- ☐ Holds hands over ears in response to everyday noises (e.g., toilet flushing, vacuum, or alarms)
- ☐ Gives and/or likes to receive very 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
- ☐ Has trouble placing objects in a container (e.g. coin in piggy bank)
- ☐ Unable to complete simple puzzle

Comments: