



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

Comments:

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