

Motor Screening Checklist and Referral for Occupational Therapy Services

Child's Name: _____ Grade: _____
Date of Referral: _____ Teacher: _____
School: _____
Person making the referral/Title: _____

Please Check the behaviors below that correspond with the concerns you have regarding your student.

Posture and Strength:

- _____ Head held to one side with 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

Coordination/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:

- 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 hiked shoulders with resistive tasks such as play doh
- Difficulty with in-hand manipulation (ex: separating pennies to move them from palm to fingertips)

Bilateral Integration:

- 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:

- 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

Attention and Focus:

- Has difficulty independently following through with tasks
- Is easily distracted by peers
- Stares blankly at times: _____
- Seems to have difficulty shifting from active play to seated work
- Is easily distracted by noises and conversations
- Relies on peers or visual demonstration to figure out what to do

Learning Behavior:

- Seems not to hear directions or needs them repeated frequently
- Does not "tune in" to what is being said unless you are directly in front of him/her
- Has difficulty transitioning: tasks, from the playground, or at pick up/drop off
- Difficulty with problem-solving and persistence
- Does not ask for help or just leaves difficult tasks
- Uses distracting behaviors to avoid difficult tasks
- Does not seem aware of own errors or is overly critical of self (Circle one)
- Jumps from one task to another in a disorganized way
- Seems to need more practice than others to learn new things
- Takes a long time to learn new skills

Behaviors Related to Sensory Processing:

- Has trouble grading force with peers and objects (too much/too little)
- Looks for opportunities to play rough or push/kick other kids
- 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: _____

Social/Emotional:

- Has difficulty socializing with peers
 - Verbally aggressive
 - Overly controlling with peers and/or group activities
 - Prefers to play alone or has difficulty joining play
 - Easily frustrated or gives up quickly
 - Seems hyperaware of difficulties
 - Impulsive
 - Fearful of new situations
 - Is unsafe on the playground
 - Poor self-esteem/confidence
 - Says "I can't" to age appropriate activities
 - Excessively controlling during play/activities
 - Seems anxious or always "on guard"
- Other: _____

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

Thank you for taking the time to complete this form. If you have any additional questions, please contact Aubrey Schmalte OTR/L at aubrey@sensational-achievements.com or call 203-200-7256.