

Occupational Therapy Checklist for Parents and Teachers

Child's Name:	_ Date of Birth:
	_ Date of Checklist completion:
Constant	
<u>Gross Motor</u>	
_Appears clumsy, has frequent falls or but	nps into furniture
_Cannot sit still	
_Has difficulty learning new movements of	r motor skills
_Quietly observes more than participates	
_Sits with a slumped posture or poor post	
_Does not like to participate in PE, acts ou	-
_Has a hard time catching or throwing a b	all
_Has difficulty kicking a moving ball	
_Is unable to do jumping jacks at age 5	
_Has low endurance; gets tired quickly	
_Has difficulty skipping, hopping or jumpi	
_ Walks around the playground and avoid	s playground equipment
_Does not know his right and left	
_Did not perform traditional crawling as a	ın infant
Fine Motor	
_Holds the pencil too tight or too loose	
_Has an awkward grip on pencil	
_Presses too hard on the paper; rips paper	r when erasing or writing
_Writes too light or too dark	
_Cannot cut with scissors	
_Has difficulty with buttons or fasteners	
_Has an awkward grip on scissors	
_Drops his pencil or utensil	
_Sticks out his tongue or makes mouth mo	ovements while writing/drawing/cutting
_Has difficulty drawing; avoids drawing o	
_Has difficulty sitting in a chair with feet of	on the floor
_Completes work too quickly, producing r	nessy work
_Does not use non-dominant hand to hold	paper during writing
_Does not have a dominant hand; alternates hands when tired	

Helping kids meet their potential is our number one goal. Co Founders Margaret Hopping & Sarah Powe _Holds head when he writes

<u>Visual Perceptual, Visual Motor</u>

- __Has poor letter formation, size and spacing
- _Does not recognize shapes, letters and numbers as compared to peers
- _Is disorganized has disorganized desk, locker or backpack
- _Has difficulty coloring in defined spaces, ie a coloring book
- _Draws a person poorly
- _Has difficulty reading; skips words; has difficulty keeping his place
- _Cannot imitate a pattern
- _Has difficulty locating items in a drawer or backpack
- _Is distracted by visual stimulation
- _Has difficulty cutting on a defined line
- _Moves body while writing or reading

Sensory Processing

- _Has meltdowns with homework or lacks motivation
- _Has a hard time transitioning to school or back to home
- _Has difficulty following directions
- _Becomes silly or frustrated during classwork
- _Appears overwhelmed in crowds
- _Has difficulty keeping hands to themselves
- _Avoids eye contact
- _Is easily distracted; has poor attention span
- _Is fidgety, can't sit still; is overly active
- _Is overly sensitive
- _Chews on clothing, pencil or non food objects
- Has difficult time making friends
- _Appears not to hear greeting or instructions
- _Does not like hands to be messy
- Has tic like behaviors
- _Is too rough with friends
- _Is sensitive to loud noises
- _Enjoys crashing to the ground or bumping into things
- _Becomes upset, mad or frustrated easily
- _Is subject to outbursts
- _Does not notice food on face; does not notice a runny nose
- _Has difficult time dressing, tying shoes, or completing toilet routine
- _Is a picky eater
- _Keeps hands in pockets while walking or playing

If you checked 3 or more in a category, your child might benefit from OT. Email us at info@neurobridgellc.com for more information.

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