

# OCCUPATIONAL THERAPY CHECKLIST

\_\_\_\_\_ is being referred for an occupational therapy evaluation.  
Thank you for your help.

Date of Referral: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Why do you feel this child should be evaluated by the occupational therapist? \_\_\_\_\_

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Please check (✓) the statements and add comments which are pertinent to this child, in comparison to typical peers.

## **GROSS MOTOR**

- \_\_\_\_\_ Seems weaker than other children his/her age
- \_\_\_\_\_ Does not have the endurance other children his/her age have for an activity
- \_\_\_\_\_ Difficulty hopping, jumping, skipping, or running as compared with others his/her age
- \_\_\_\_\_ Appears stiff and awkward in his/her movements
- \_\_\_\_\_ Clumsy, does not appear to know how body works, bumps into others/objects, never quite sits in chair correctly
- \_\_\_\_\_ Does not seem to understand concepts such as right, left, front, or back as it relates to his/her body
- \_\_\_\_\_ Decreased memory for movement sequences or following motor directions
- \_\_\_\_\_ Shies away from playground equipment. May only play on one particular item
- \_\_\_\_\_ Covers motor failures by silliness or inappropriate behavior
- \_\_\_\_\_ Poor posture (always seems to be leaning against something, shoulders slump forward)
- \_\_\_\_\_ Moves impulsively

## **FINE MOTOR**

- \_\_\_\_\_ Difficulty with drawing, coloring, tracing
- \_\_\_\_\_ Performs these activities quickly and result is usually sloppy
- \_\_\_\_\_ Difficulty using both hands to manipulate supplies
- \_\_\_\_\_ Avoids fine motor activities
- \_\_\_\_\_ Problems holding pencil, grasp may be very loose or very tight
- \_\_\_\_\_ Poor posture for sitting at desk
- \_\_\_\_\_ Printing is too dark, light, or small
- \_\_\_\_\_ Illegible handwriting
- \_\_\_\_\_ Does not seem to have a dominant hand
- \_\_\_\_\_ Poor 2 handed skills when cutting
- \_\_\_\_\_ Difficulty crossing midline of body (shifts body, switches hands, poor tracking in a book)
- \_\_\_\_\_ Difficulty coordinating hand movements on a computer

## **ACADEMIC**

- \_\_\_\_\_ Restless (squirmy in chair or on floor)
- \_\_\_\_\_ Slow work completion
- \_\_\_\_\_ Disorganized with 3 dimensional space (desk, cubby, backpacks)
- \_\_\_\_\_ Disorganized with 2 dimensional space (papers, papers into folders, workbooks)
- \_\_\_\_\_ Short attention span
- \_\_\_\_\_ Hyperactive

**SELF HELP**

- \_\_\_\_\_ Messy when eating
- \_\_\_\_\_ Poor personal hygiene (runny nose, dirty hands)
- \_\_\_\_\_ Difficulty managing clothing
- \_\_\_\_\_ Difficulty in finding way to variety of locations

**TACTILE SENSATION**

- \_\_\_\_\_ Withdraws from touch
- \_\_\_\_\_ Tends to wear only certain type of clothing
- \_\_\_\_\_ Touches everything
- \_\_\_\_\_ Seems to chew on clothing or objects
- \_\_\_\_\_ Avoids being close to others (doesn't like being hugged or has difficulty standing in line)

**VESTIBULAR SENSATION**

- \_\_\_\_\_ Fearful of being off the ground
- \_\_\_\_\_ Avoids playground equipment, such as slide, swings, Jungle Gyms
- \_\_\_\_\_ Can't seem to stop moving, craves swinging, rocking

**AUDITORY PERCEPTION**

- \_\_\_\_\_ Has difficulty pronouncing words
- \_\_\_\_\_ Does not appear to understand other people
- \_\_\_\_\_ Tends to talk to himself/herself, or makes noises
- \_\_\_\_\_ Sensitive to noise (background, loud music, bells, environmental sounds)

**VISUAL PERCEPTION**

- \_\_\_\_\_ Difficulty in discriminating shapes, letters, or numbers
- \_\_\_\_\_ Difficulty organizing letters and numbers on page
- \_\_\_\_\_ Cannot complete art or construction projects
- \_\_\_\_\_ Difficulty copying designs, letters or numbers
- \_\_\_\_\_ Difficulty tracking (reading in a book, following teacher's arm movements, copying off chalkboard)
- \_\_\_\_\_ Easily visually distracted

**EMOTIONAL**

- \_\_\_\_\_ Does not care to have routine changed
- \_\_\_\_\_ Is easily frustrated
- \_\_\_\_\_ Cannot get along with others
- \_\_\_\_\_ Accident prone
- \_\_\_\_\_ Deals better with a small group situation or one-on-one
- \_\_\_\_\_ Frequently involves self in others activities
- \_\_\_\_\_ Seems to be preoccupied or distracted by issues not related to task at hand

*Additional Information:* \_\_\_\_\_  
 \_\_\_\_\_  
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**Please attach a sample of the child's work, which could be a drawing or writing activity.**

Signature \_\_\_\_\_

Date \_\_\_\_\_