



School Age Checklist

Frequent Indicators For Occupational Therapy- School Age

Instructions: In order to help us better understand the needs of your child, please review and place a check by those comments as they apply. Check all that seem to describe your concerns.

Child's Name _____

Date _____

GROSS MOTOR

- _____ Seems weaker than peers
- _____ Endurance fluctuates compared to peers
- _____ Difficulty with hopping, skipping, running, etc. as compared to peers
- _____ Appears stiff and/or awkward during when moving
- _____ Clumsy, does not appear to know how to make his/her body work, bumps into others or objects
- _____ Does not have a sense of right, left, up, down, front, back, as directionality relates to him/herself
- _____ Avoids playground equipment or may not to try new equipment
- _____ Poor posture, often leaning into things
- _____ Difficulty initiating movements
- _____ Difficulty coordinating two body sides
- _____ Unusual, unsteady walking, toe walking, drags feet
- _____ Trips and falls easily
- _____ Seems to know what he wants to do but cannot make his body "do it"
- _____ Difficulty imitating a teacher or leader/not benefiting from watching the other children or from group practices
- _____ Resists organized group activities
- _____ Watches while others play/possibly verbally prompting others but not participating
- _____ Seems to forget motor activities that he/she previously was able to do

FINE MOTOR

- _____ Slow in completing tasks
- _____ Difficulty with drawing, coloring, tracing
- _____ Performs these activities quickly and result is usually sloppy
- _____ Avoids fine motor activities

FINE MOTOR cont'd.

- _____ Problem holding pencil. Grasp may be loose, tight and/or awkward
- _____ Printing is too dark, light, large and or small
- _____ Does not seem to have a dominant hand, switches hands frequently
- _____ Poor sitting posture--leans into desk, leans on arms, fidgets, head close to page or writing surface
- _____ Wraps feet around desk chairs, tips chair
- _____ Difficulty with classroom tools, especially scissors, writing implements, puzzle and/or glue
- _____ Difficulty requesting help yet frequently needs help to organize constructional activities
- _____ Knocks into other children's work
- _____ Space "invader" in work stations
- _____ Shifts body rather than rotating across body midline

TACTILE/SENSORY

- _____ Withdraws from touch--strong dislike of glue, hairwash, haircuts, paint, etc.
- _____ Seems to touch everything (craves touch)
- _____ Seems to not notice touch--not noticing food on face, minimal reaction to pain
- _____ Tends to wear only certain clothing and especially dislikes other types
- _____ Avoids being close to others (dislikes hugs)
- _____ Over-reacts to unexpected touch
- _____ Dislikes removing outer garments even when indoors
- _____ Difficulty waiting or standing in line
- _____ Can become aggressive when others are nearby

VESTIBULAR/SENSORY

- _____ Fearful of being off the ground
- _____ Carsickness
- _____ Doesn't like playground equipment
- _____ Can't seem to stop self from wanting to move; craves bouncing, swinging, rocking
- _____ Avoids balance activities, immature on stairs
- _____ Seems "earthbound" (e.g. difficulty jumping, profound fear of heights (even small gradations of height, fear of high movement such as on swings)

ACADEMIC/COGNITIVE/TEMPO

- _____ Distractible, restless, short attention span
- _____ Slow worker
- _____ Disorganized backpack, messy desk
- _____ Hyperactive
- _____ Difficulty following directions
- _____ Difficulty completing work in the expected time frame

ACADEMIC/COGNITIVE/TEMPO cont'd.

- Messy handwriting
- Hand pain, headaches, stomach aches
- Impulsive
- Seems to have difficulty understanding the purpose of a task and/or cannot explain the task back to you
- Seems to forget things recently learned
- Seems to forget things that he once knew
- Perseverates--gets stuck on one behavior, series of questions or an idea and has great difficulty switching focus to a new task or idea.
- Poor organization of tasks
- Poor judgment of own safety
- Distorted sense and awareness of time awareness with difficulty pacing self throughout the routines of the day, frequently being late or needing to be rushed
- Poor awareness of other people's reaction to him
- Difficulty staying on task
- Does not sit in a chair correctly

VISUAL/PERCEPTUAL

- Difficulty copying from the blackboard
- Difficulty copying from a workbook, book or paper
- Itchy, watery, stinging eyes
- Complains of blurriness, eyes "jumping", loss of place
- Loss of place in reading and or writing
- Reverses letters, numbers, words, when reading and writing
- Difficulty achieving/sustaining eye contact with individual and objects
- Trouble discriminating shapes, letters, or numbers
- Cannot complete age appropriate puzzles
- Difficulty copying designs, letters, or numbers
- Omit words, phrases, skips lines or loses place when reading or copying
- Relies on fingers to guide eye movement when reading
- Misaligns head or body when working on table top tasks
- Seems to not be looking at what he/she is doing, leading to inaccuracy

EMOTIONAL/BEHAVIOR

- Doesn't adjust well to change in routine
- Is easily frustrated
- Difficulty getting along with others
- Accident prone
- Functions best in small groups or one on one
- Is aggressive, particularly in group situations
- Friends are either only older, younger or opposite gender

ACTIVITIES OF DAILY LIVING

- Poor management of eating utensils or sloppy eater
- Difficulty opening containers
- Difficulty manipulating zippers, buttons, snaps, shoes and/or socks
- Unable to tie laces (after 6 years old)
- Difficulty with toileting routines (clothing, hygiene, routines)
- Toileting accidents
- Difficulty fastening seatbelts
- Difficulty dressing/undressing

Please check off if any of the following are difficult tasks for your child:

- Writing
- Pencil Grasp
- Copying
- Drawing with age appropriate details
- Cutting
- Ruler use
- Jumping jacks
- Roller blading
- Jump rope
- Ball skills
- Biking
- Swimming
- Balance activities

Please describe some of your child's strengths and positive behaviors. Also, what strategies work at home in helping with the above difficulties? Which are the areas of greatest concern?