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**SCHOOL AGE 5-12 YEAR OLD – OCCUPATIONAL THERAPY CHECKLIST**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (and printed name) of person completing form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Difficulties:**

\_\_\_ Reading \_\_\_ Distractible \_\_\_ Slow Writer \_\_\_ Following Directions

\_\_\_ Math \_\_\_ Restless \_\_\_ Poorly Organized \_\_\_ Remembering Information

\_\_\_ Spelling \_\_\_ Hyperactive \_\_\_ Finishing Tasks \_\_\_ Short Attention Span

Does your child exhibit the following behaviors? Check areas of difficulty, underline specific problems, star (\*) prominent difficulties.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gross Motor Skills** | **Yes, Frequently** | **Sometimes** | **Never** | **Comments** |
| Seems weaker or tires more easily than other children his/her age |  |  |  |  |
| Difficulty with hopping, jumping, skipping or running, compared to others his/ her age. |  |  |  |  |
| Appears stiff and awkward in movements. |   |  |  |  |
| Clumsy or seems not to know how to move body, bumps into things. |  |  |  |  |
| Tendency to confuse right and left body sides. |  |  |  |  |
| Hesitates to climb or play on playground equipment. |  |  |  |  |
| Reluctant to participate in sports or physical activity. Prefers table activities. |  |  |  |  |
| Seems to have difficulty learning new motor task. |  |  |  |  |
| Difficulty pumping self on swing or performing rhythmic clapping games. |  |  |  |  |
| **Fine Motor** |  |  |  |  |
| Poor desk posture (slumps, leans on arms head to close to work, other hand does not assist. |  |  |  |  |
| Difficulty drawing, coloring, copying and cutting, tending to avoid these activities. |  |  |  |  |
| Poor pencil grasp, drops pencil frequently. |  |  |  |  |
| Pencil lines are tight wobbly, too faint or too dark. Breaks pencil more often than usual.  |  |  |  |  |
| Tight pencil grasp, fatigues quickly in writing or during other pencil and paper tasks. |  |  |  |  |
| Hand dominance not well established( after age six) |  |  |  |  |
| Difficulty in dressing, putting clothing off or on, buttoning, zipping, tying bows on shoes. |  |  |  |  |
| **Touch** |  |  |  |  |
| Seems overly sensitive to being touched, pulls away from light touch. |  |  |  |  |
| Has trouble keeping hands to self, will poke or push other children. |  |  |  |  |
| Touches things constantly, seeming to “learn” through his/her fingers. |  |  |  |  |
|  | **Yes, Frequently** | **Sometimes** | **Never** | **Comments** |
| Has trouble controlling his/her interactions in group games, such as tag or dodge ball. |  |  |  |  |
| Avoids putting hands in messy substances (clay, finger-paint or glue). |  |  |  |  |
| Seems to be unaware of being touched or bumped. |  |  |  |  |
| Has trouble remaining in group situations, i.e. cafeteria or circle time. |  |  |  |  |
| **Movement and Balance** |  |  |  |  |
| Fearful of moving through space (teeter totter, swing) |  |  |  |  |
| Avoids activities that challenge balance, poor balance in motor activities. |  |  |  |  |
| Seeks quantities of movement including swinging, spinning, bouncing, and jumping. |  |  |  |  |
| Difficulty or hesitant of learning to climb or descend stairs. |  |  |  |  |
| Seems to fall frequently. |  |  |  |  |
| Gets nauseated or vomits from other movement experiences i.e. swings, playground equipment, car rides, merry go round. |  |  |  |  |
| Appears to be in constant motion, unable to sit still for an activity. |  |  |  |  |
| **Visual Perception** |  |  |  |  |
| Difficulty naming or matching shapes, colors, or sizes. |  |  |  |  |
| Difficulty in completing puzzles: uses trial and error placement of pieces. |  |  |  |  |
| Reversals in words or letters after first grade. |  |  |  |  |
| Difficulty coordinating eyes for following a moving object, keeping place in reading, copying from blackboard to desk. |  |  |  |  |
| **Auditory Language** |  |  |  |  |
| Appears overly sensitive to loud noises (bells, toilet flushed, etc.) |  |  |  |  |
| Is hard to understand when he/she speaks. |  |  |  |  |
| Appears to have difficulty in understanding or paying attention to what is said to him/ her. |  |  |  |  |
| Easily distracted by sounds, seems to hear sounds that go unnoticed by others. |  |  |  |  |
| Has trouble following 2-3 step commands. |  |  |  |  |
| **Bowel and Bladder** |  |  |  |  |
| Late in achieving bowel and bladder control. |  |  |  |  |
| Occasionally has bathroom accidents during the night. |  |  |  |  |
| Occasionally has bathroom accidents during the day. |  |  |  |  |
| If accidents occur, child does not seem aware ahead of time that elimination is about to occur. |  |  |  |  |
| **Emotional** |  |  |  |  |
| Does not accept change in routine easily. |  |  |  |  |
| Becomes easily frustrated. |  |  |  |  |
| Difficulty getting along with other children. |  |  |  |  |
| Apt to be impulsive, heedless, accident prone. |  |  |  |  |
| Easier to handle in small group or individually. |  |  |  |  |
| Marked mood variations, tendency to have outburst or tantrums |  |  |  |  |
| Tends to withdraw from groups. Plays on the outskirts. |  |  |  |  |
| Has trouble making needs known in an appropriate manner |  |  |  |  |
| Avoids eye contact |  |  |  |  |

**How concerned are you about the above checked problems? Not concerned Slightly Moderately Very**