

Motor Screening

Date: _____ Student Name: _____ Date of Birth: _____
Grade: _____ School: _____ Referring Person: _____

1. Summarize your major concerns regarding this student's motor functioning in the school setting.

☐ No concerns (If no concerns, do not complete rest of page).

☐ Fine Motor and Sensory Concerns:

- ☐ Poor balance in sitting
- ☐ Poor pencil/crayon use
- ☐ Poor cutting skills
- ☐ Poor note taking or copying information from the board
- ☐ Unable to complete seatwork successfully
- ☐ Can't stay in seat; fidgety
- ☐ Poor keyboarding skills (hits too many keys at once)
- ☐ Inattentive to task/distractible
- ☐ Inappropriate touching, hitting and kicking
- ☐ Poor lunch skills/behaviors
- ☐ Poor toileting skills
- ☐ Can't put jacket on/off or zip
- ☐ Clumsy in classroom/halls; gets lost in building
- ☐ Unable to add numbers in a line
- ☐ Doesn't follow directions
- ☐ Drops materials; can't manipulate books, etc.
- ☐ Loses personal belongings; unorganized

☐ Gross Motor Concerns:

- ☐ Difficulty with mobility in the classroom
- ☐ Frequent falls
- ☐ Difficulty changing positions (in/out of chairs; up/down from floor)
- ☐ Poor posture due to low or high muscle tone
- ☐ Difficulty with hopping, jumping, skipping or running as compared to same age peers

Comments: _____

2. Describe how concerns checked above are interfering with this student's educational performance.

3. List strategies you have tried and the outcomes of these interventions. (See Kentucky OT/PT Resource Manual, Appendix A)

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