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FOR TEACHER or OT TO COMPLETE

Child's Name: _____

Pre-School Checklist for Occupational Therapy Ages 3 - 4.11 years

Dear Colleague: Thank you for completing the following checklist. It will help us to determine the most appropriate evaluation for this child. We welcome your observations and insights. In addition to filling out this form, please feel free to call and ask to speak to our therapist who is evaluating this child. Thank you for returning this form to us.

Sincerely, The Staff of OTA

Check (3) areas of difficulty; underline specific problems, star (*) prominent difficulties. If child has overall difficulty in one category, or shows several items in three or more categories, this may indicate a need for an occupational therapy evaluation.

Does the child exhibit the following behaviors?

	Frequently	Sometimes	Never	Comments
MOTOR SKILLS				
1. Difficulty riding a riding toy, with feet pushing or propelling (e.g., big wheels).				
2. Difficulty or hesitancy in climbing up and/or down stairs alternating feet.				
3. Dislikes playing with puzzles.				
4. Dislikes or avoids coloring or drawing.				
5. Dislikes playing with small manipulative toys (e.g., Duplos, beads, blocks).				
6. Difficulty with the use of a spoon or cup.				
7. Has very messy eating habits.				
8. Seems weaker or tires more easily than other children.				
9. Appears stiff, awkward, or clumsy in movement.				
10. Difficulty learning new motor tasks.				
11. Has difficulty getting on coat with zipper or putting on shoes (no tying).				
12. Uses too much force when playing with toys or interacting with children or pets.				
13. Walks on toes, now or in the past.				
MOVEMENT AND BALANCE				
1. Child appears to be in constant motion, unable to sit still for an activity.				
2. Appears fearful of going down stairs.				
3. Gets nauseated or vomits from other movement experiences (e.g., swings, playground merry-go-rounds).				
4. Seeks quantities of twirling or spinning.				
5. Seeks quantities of stimulation on amusement park rides and swings.				
6. Hesitates to climb or play on playground equipment.				
7. Has trouble or hesitancy in learning to catch a ball.				
8. Dislikes active running games (e.g., tag).				
9. Rocks him/herself or bangs head when stressed.				
10. Seems to fall frequently.				
11. Has poor safety awareness when moving through space.				
12. Fearful of going down sliding board or on a swing.				
TOUCH				
1. Seems unaware of being touched or bumped.				
2. Seems overly sensitive to being touched, pulls away from light touch.				

	Frequently	Sometimes	Never	Comments
TOUCH (continued)				
3. Has trouble remaining in busy or group situations (e.g., circle time, recess).				
4. Complains that clothing is uncomfortable and/or bothered by the tags in the back of shirts.				
5. Resists wearing short sleeved shirts or short pants.				
6. Continues to examine objects by putting in the mouth (past age of 1.5 years).				
7. Dislikes being cuddled/hugged, unless on child's terms.				
8. Seeks quantities of jumping and crashing.				
9. Avoids putting hands in messy substances (e.g., PlayDoh, finger paint, glue).				
10. Is a picky eater, refuses many foods.				
11. Pinches, bites, or otherwise hurts self.				
12. Often unaware of bruises and cuts until someone calls it to his or her attention.				
13. Seems overly sensitive to slight bumps or scrapes.				
14. Tends to touch things constantly.				
15. Frequently pushes or hits other children.				
AUDITORY/LANGUAGE				
1. Has or has had repeated ear infections.				
2. Particularly distracted by sounds, seeming to hear sounds that go unnoticed by others.				
3. Doesn't respond consistently to verbal cues.				
4. Is overly sensitive to mildly loud noises (e.g., bells, toilet flush).				
5. Is hard to understand when s/he speaks.				
6. Has trouble following 1-2 step commands.				
7. History of delayed speech development.				
BOWEL AND BLADDER				
1. Late in achieving bowel and bladder control.				
2. Occasionally has accidents during the day.				
3. If accidents occur, child does not seem to be aware ahead of time that elimination is about to occur.				
EMOTIONAL				
1. Does not accept changes in routine easily.				
2. Becomes easily frustrated.				
3. Apt to be impulsive, heedless, accident-prone.				
4. Has frequent outbursts or tantrums.				
5. Tends to withdraw from groups; plays on the outskirts.				
6. Has trouble making needs known in appropriate manner.				
7. Avoids eye contact.				

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

Questions/Comments:

Child's Name: _____ Birth Date: _____ Age: _____ Date Completed: _____

Case Manager/Therapist/Teacher: _____

Early Intervention/Preschool: _____

Signature of person completing form: _____

Phone(s): H _____ W _____ E-mail _____