

Ellwood City Area School District

School Age Teacher Checklist for Occupational Therapy

Student Name: _____ Date: _____

School: _____ Placement: _____

Teacher Name(s) Completing Form: _____

The focus of the Occupational Therapist in the school system is based only on academic skills and learning within the school environment. These skills may include writing, sitting posture, use of playground equipment, lunchroom activities and regulation/processing of sensory input.

Check the areas of significant concerns in comparison to typical peers. Please add comments to clarify specific concerns as needed.

Does the child exhibit the following behaviors?	Frequently	Sometimes	Never	What setting? (P.E., Art, lunch, etc.)
Difficulty with drawing /coloring/tracing activities				
Performs fine-motor activities quickly and the result is usually sloppy				
Poor desk posture				
Difficulty using both hands together (i.e.: cutting)				
Illegible handwriting				
Problems holding pencil, grasp may be too tight or loose				
Difficulty copying from the board				
Has difficulty spacing letters				
Has difficulty spacing words				
Difficulty using scissors				
Difficulty with sequencing letters, words & numbers				
Does not seem to have a hand dominance				
Difficulty with clothing fasteners				
Difficulty managing glue and paste				
Seems weaker than other children his/her age				
Difficulty holding head up while sitting				
Stumbles and falls more than peers				

Becomes tired easily				
Difficulty changing positions (floor to standing, etc.)				
Poor balance				
Hesitates on playground equipment				
Reluctant to participate in sports or physical activity (prefers table activities)				
Difficulty with rhythmic games, clapping, etc.				
Difficulty understanding concepts such as right, left, front or back as it relates to his/her body				
Moves impulsively				
Difficulty with hopping, jumping skipping or running as compared to same age peers				
Appears stiff and awkward in movements				
Postural abnormalities (slouched, scoliosis, etc.)				
Abnormal muscle tone (rigid, floppy, fluctuating)				
Uses special equipment (wheelchair, braces, splints, etc.)				
Difficulty with mobility in the classroom				
Difficulty with mobility in hallways				
Difficulty with mobility in/out of building				
Difficulty with mobility on the playground				
Difficulty with mobility on stairs				
Difficulty with mobility in the lunchroom				
Sometimes makes no attempt to catch self when falling				
Sometimes falls out of seat when shifting body				
Walks or runs into furniture				
Restless (squirmy in chair or on floor)				
Slow to complete work				
Disorganized with 3-dimensional space (desk, cubby, backpacks) more than peers				

Disorganized with 2-dimensional space (papers, papers into folders, workbooks) more than peers				
Short attention span				
Hyperactive				
Inability to match or sort				
Reversals or omissions in reading or math (more than typical peers)				
Poor discrimination of similar words				
Poor discrimination of math concepts				
Poor language concepts				
Poor perception (body, visual, figure-ground, spatial awareness)				
Poor body awareness in space				
Difficulty with puzzles				
Difficulty coordinating eyes for following a moving object; keeping place in reading; copying from board				
Difficulty following 2-3 step direction				
Difficulty eating				
Poor personal hygiene (runny nose, dirty hands, etc.)				
Difficulty following school/classroom routines				
Slow to learn new games or motor skills				
Reacts negatively when touched				
Plays on same equipment in same manner day after day				
Becomes anxious when feet leave the ground (dangling in chair, swing, etc.)				
Overactive, seeks quantities of movement (swinging, spinning, bouncing, jumping)				
Under active				
Irritable				
Self-stimulatory or self-abusive behaviors				
Low frustrations tolerance				
Poor endurance to activities, tires easily				
Inappropriate touching, hitting and kicking				

Poor eye contact				
Poor behavior in line				
Poor peer interaction				
Intolerance to change in daily schedule				
Has an excessive fear of falling				
Does not have fun on the playground equipment or with moving toys				
Seeks intense physical contact with objects and other people/peers (hitting with unnecessary force, jumping off high surfaces, breaking objects, running in to things on purpose)				
Is threatened when moved by others				
Resists activities involving glue, mud, water, finger paint, etc.				
Has trouble keeping hands to self				
Difficulty remaining in busy or group situations (cafeteria, circle time etc.)				
Gets nauseated or vomits from movement experiences (swings, playground merry-go-rounds, spinning games, etc.)				
Unable to sit still for an activity				
Has trouble making needs known in appropriate manner				
Chews on clothing or objects				
Talks to him/herself or makes noises				
Does not appear to understand other people				
Has difficulty pronouncing words				
Seems to be preoccupied or distracted by issues not related to task at hand				

Additional Information:

Please attach a sample of the student's work, which could be a drawing or writing activity.