



Screening Checklist: Occupational Therapy Services

Today's Date:	Completed by:
Child's Full Name:	Age:
Gender:	Date of Birth:
Address:	
School:	Grade:
Instructions: Mark the boxes below child/client.	that correspond with the concerns you have regarding your
Posture and Strength:	
\square Head held to one side with dra	wing/looking at objects
\square Hikes shoulders when cutting/o	drawing/manipulating crafts
☐ Frequently stands during seate	d work
☐ Excessive fidgeting in sitting	
☐ Leans on desk or people for su	oport
\square Has trouble getting up from the	e floor
☐ Fatigues easily	
\square Seems to have strong arms but	a weak core (stomach)
Clumsiness/Poor coordination/Po	oor Spatial Judgment:
\square Poor balance/avoids challenges	to balance on playground
☐ Trips/Falls easily or doesn't loo	k where he/she is going
\square Runs into desks/doorways/pee	rs
☐ Has trouble learning new game	es or copying hand/body motions or avoids them
☐ Seems to be behind peers in m	otor skills

ADDRESS
6501 CROWN BOULEVARD
SUITE 100A
SAN JOSE, CA 95120

CONTACT 408.601.0993 INFO@AV-CTC.COM WWW.AVCTC.CO





□ Tenses mouth, drools, sticks out tongue, or grits teeth when working (circle one)□ Trouble going up and/or down stairs
Functional Vision:
☐ Has diagnosed visual problem:
☐ Trouble with ball skills, blinks or turns away when a ball approaches
\square Has trouble tracing on a line or staying inside a path but good fine motor skills
☐ Poor eye contact
☐ Easily visually distracted
☐ Seems to grab without looking
☐ Blinks/Rubs eyes or squints during/after visual activities
☐ Seems to be sensitive to light or computer work
☐ Short attention span for visual motor/writing/drawing activities
\square Frequently stares into the distance/out a window when working
☐ Difficulty writing on a line or sizing letters
\square Skips lines/words when reading or has poor reading comprehension
☐ Difficulty with word searches and/or design copying
\square Difficulty copying from the board or copying from a page, needs increased time
Fine Motor Problems:
☐ Difficulty manipulating small objects (coins, beads, pegs)
\square Uses middle finger instead of index finger to pick up small objects
\square Uses fist grasp or several fingers to pick up small objects
☐ Difficulty holding writing/coloring utensils or awkward grasp
☐ Colors too lightly or with too much force (circle one)
☐ Uses whole arm movements versus isolating wrist and finger movements with writing/drawing
\square Has difficulty manipulating scissors to cut paper
\square Seems to have weak hands or hikes shoulders with resistive tasks such as play-doh
$\hfill\square$ Difficulty with in-hand manipulation (ex: separating pennies to move them from palm to fingertips)
Bilateral Integration Problems:
☐ Demonstrates mixed hand dominance
\square Does not approach deskwork from left to right
☐ Avoids activities that require reaching across his/her body or frequently switches hands
· · · · · · · · · · · · · · · · · · ·
☐ Does not stabilize the paper while writing/drawing/cutting





\square Does not use one hand to stabilize containers when opening them
\square Has difficulty with gross motor skills such as jumping with 2 feet or pedaling a bike
Visual Perceptual/Motor Problems:
☐ Poor understanding of spatial concepts/spatial relations (large, small, top, bottom)
☐ Difficulty completing interlocking puzzles
$\hfill\Box$ Difficulty finding objects in a busy background (hidden pictures or something on a shelf)
☐ Poor spatial organization of drawings, letters, words, sentences (i.e. scrunched together, jumbled, too far apart)
☐ Difficulty completing mazes and dot-to-dots
☐ Difficulty cutting along a line
☐ Difficulty differentiating between objects on a page
☐ Has difficulty writing and/or tracing his/her name
$\hfill\square$ Poor handwriting: legibility, spacing, sizing, formation, reversals, (circle all that apply)
☐ Difficulty copying designs/shapes
Attention and Focus Problems:
\square Has difficulty independently following through with tasks
\square Is easily distracted by peers
☐ Stares blankly at times
\square Seems to have difficulty shifting from active play to seated work
\square Is easily distracted by noises and conversations
☐ Relies on peers or visual demonstration to figure out what to do
Learning Behavior:
\square Seems not to hear directions or needs them repeated frequently
$\hfill\square$ Does not "tune in" to what is being said unless you are directly in front of him/her
\square Has difficulty transitioning: tasks, from the playground, or at pick up/drop off
☐ Difficulty with problem solving and persistence
\square Does not ask for help or just leaves difficult tasks
☐ Uses distracting behaviors to avoid difficult tasks
\square Does not seem aware of own errors or is overly critical of self (Circle one)
\square Jumps from one task to another in a disorganized way
☐ Seems to need more practice than others to learn new things
Behaviors Related to Sensory Processing:
☐ Has trouble grading force with peers and objects (too much/too little)





☐ Looks for opportunities to play rough or push/kick other kids
☐ Dislikes being bumped or touched unexpectedly
☐ Has difficulty identifying body parts
☐ Avoids messy activities/splays hands/washes hands immediately following brief use of messy substances (Circle all that apply)
☐ Fearful of movement (ex: swings) or heights – Avoids playground equipment
☐ Seeks fast movement, spinning, or jumping from heights (Circle all that apply)
☐ Gets dizzy or disoriented easily
☐ Overly sensitive to certain sounds:
☐ Does not seem aware of new sounds/his name being called
☐ Likes to make noises or hum to self frequently
☐ Overly active and has difficulty slowing down
☐ Has poor safety awareness
Activities of Daily Living:
☐ Trouble managing clothing with toileting or putting on jacket
□ Needs assistance to complete classroom routines
☐ Is a messy eater, has limited food preferences, has difficulty managing utensils (Circle
all that apply)
☐ Unable to blow his/her nose
☐ Drools: Under stress/With eating/Always (circle one)
□ Other:
Social/Emotional Problems:
☐ Has difficulty socializing with peers
☐ Verbally aggressive
☐ Overly controlling with peers and/or group activities
☐ Prefers to play alone or has difficulty joining play
☐ Easily frustrated or gives up quickly
☐ Seems hyperaware of difficulties
☐ Impulsive
☐ Fearful of new situations
\square Is unsafe on the playground
☐ Poor self-esteem/confidence
☐ Says "I can't" to age appropriate activities
☐ Excessively controlling during play/activities
☐ Seems anxious or always "on quard"





□ Other:	
Any additional specific behaviors or concerns not listed? How are these things impacting the child's participation in daily activities?	j