



154 S. Livingston Ave., Suite 204, Livingston, N.J. 07039 973-535-5010 pediatricpotentialsnj.com

School Age Checklist

Frequent Indicators For Occupational and Physical Therapy-School Age

Instructions: In order to help us better understand the needs of your child, please review and place a check by those comments as they apply. Check all that seem to describe your concerns.

Child's Name _____ Date _____

GROSS MOTOR

- _____ Seems weaker than peers
- _____ Endurance fluctuates compared to peers
- _____ Difficulty with hopping, skipping, running, etc. as compared to peers.
- _____ Appears stiff and/or awkward during when moving
- _____ Clumsy, does not appear to know how to make his/her body work, bumps into others or objects
- _____ Does not have a sense of right, left, up, down, front, back, as directionality relates to him/her self.
- _____ Avoids playground equipment or may not to try new equipment
- _____ Poor posture, often leaning into things
- _____ Difficulty initiating movements
- _____ Difficulty coordinating two body sides
- _____ Unusual, unsteady walking, toe walking, drags feet/
- _____ Trips and falls easily
- _____ Seems to know what he wants to do but can not make his body "do it"
- _____ Difficulty imitating a teacher or leader/not benefiting from watching the other children or from group practices
- _____ Resists organized group activities
- _____ Watches while others play/possibly verbally prompting others but not participating.
- _____ Seems to forget motor activities that he/she previously was able to do

FINE MOTOR

- _____ Slow in completing tasks
- _____ Difficulty with drawing, coloring, tracing
- _____ Performs these activities quickly and result is usually sloppy
- _____ Avoids fine motor activities

- _____ Problem holding pencil. Grasp may be loose, tight and/or awkward
- _____ Printing is too dark, light, large and or small
- _____ Does not seem to have a dominant hand, switches hands frequently
- _____ Poor sitting posture--leans into desk, leans on arms, fidgets, head close to page or writing surface
- _____ Wraps feet around desk chairs, tips chair
- _____ Difficulty with classroom tools, especially scissors, writing implements, puzzle and/or glue
- _____ Difficulty requesting help yet frequently needs help to organize constructional activities.
- _____ Knocks into other children's work
- _____ Space "invader" in work stations
- _____ Shifts body rather than rotating across body midline

TACTILE/SENSORY

- _____ Withdraws from touch--strong dislike of glue, hairwash, haircuts, paint, etc.
- _____ Seems to touch everything (craves touch)
- _____ Seems to not notice touch--not noticing food on face, minimal reaction to pain
- _____ Tends to wear only certain clothing and especially dislikes other types
- _____ Avoids being close to others (dislikes hugs)
- _____ Over-reacts to unexpected touch
- _____ Dislikes removing outer garments even when indoors
- _____ Difficulty waiting or standing in line
- _____ Can become aggressive when others are nearby

VESTIBULAR/SENSORY

- _____ Fearful of being off the ground
- _____ Carsickness
- _____ Doesn't like playground equipment
- _____ Can't seem to stop self from wanting to move; craves bouncing, swinging, rocking.
- _____ Avoids balance activities, immature on stairs
- _____ Seems "earthbound" (e.g. difficulty jumping, profound fear of heights
(even small gradations of height, fear of high movement such as on swings))

ACADEMIC/COGNITIVE/TEMPO

- _____ Distractible, restless, short attention span
- _____ Slow worker
- _____ Disorganized backpack, messy desk
- _____ Hyperactive
- _____ Difficulty following directions
- _____ Difficulty completing work in the expected time frame
- _____ Messy handwriting
- _____ Hand pain, headaches, stomach aches
- _____ Impulsive
- _____ Seems to have difficulty understanding the purpose of a task and/or
cannot explain the task back to you

- _____ Seems to forget things recently learned
- _____ Seems to forget things that he once knew
- _____ Perseverates--gets stuck on one behavior, series of questions or an idea and has great difficulty switching focus to a new task or idea.
- _____ Poor organization of tasks
- _____ Poor judgment of own safety
- _____ Distorted sense and awareness of time awareness with difficulty pacing self throughout the routines of the day, frequently being late or needing to be rushed.
- _____ Poor awareness of other people's reaction to him
- _____ Difficulty staying on task
- _____ Does not sit in a chair correctly

VISUAL/PERCEPTUAL

- _____ Difficulty copying from the blackboard
- _____ Difficulty copying from a workbook, book or paper
- _____ Itchy, watery, stinging eyes
- _____ Complains of blurriness, eyes "jumping", loss of place
- _____ Loss of place in reading and or writing
- _____ Reverses letters, numbers, words, when reading and writing
- _____ Difficulty achieving/sustaining eye contact with individual and objects.
- _____ Trouble discriminating shapes, letters, or numbers
- _____ Cannot complete age appropriate puzzles
- _____ Difficulty copying designs, letters, or numbers
- _____ Omit words, phrases, skips lines or loses place when reading or copying
- _____ Relies on fingers to guide eye movement when reading
- _____ Misaligns head or body when working on table top tasks
- _____ Seems to not be looking at what he/she is doing, leading to inaccuracy

EMOTIONAL/BEHAVIOR

- _____ Doesn't adjust well to change in routine
- _____ Is easily frustrated
- _____ Difficulty getting along with others
- _____ Accident prone
- _____ Functions best in small groups or one on one
- _____ Is aggressive, particularly in group situations
- _____ Friends are either only older, younger or opposite gender

ACTIVITIES OF DAILY LIVING

- _____ Poor management of eating utensils or sloppy eater
- _____ Difficulty opening containers
- _____ Difficulty manipulating zippers, buttons, snaps, shoes and/or socks
- _____ Unable to tie laces (after 6 years old)
- _____ Difficulty with toileting routines (clothing, hygiene, routines)

- ☐ **Toileting accidents**
- ☐ **Difficulty fastening seatbelts**
- ☐ **Difficulty dressing/undressing**

Please check off if any of the following are difficult tasks for your child:

- ☐ **Writing**
- ☐ **Pencil Grasp**
- ☐ **Copying**
- ☐ **Drawing with age appropriate details**
- ☐ **Cutting**
- ☐ **Ruler use**
- ☐ **Jumping jacks**
- ☐ **Roller blading**
- ☐ **Jump rope**
- ☐ **Ball skills**
- ☐ **Biking**
- ☐ **Swimming**
- ☐ **Balance activities**

Please describe some of your child's strengths and positive behaviors. Also, what strategies work at home in helping with the above difficulties? Which are the areas of greatest concern?

Prepared by Pediatric Potentials of West Essex, LLC.