



# From The Heart Therapy Services

## School Age Checklist (Age Five to Twelve)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check areas of difficulty; underline specific problems and 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 therapist evaluation.

Does the child exhibit the following behaviors?	Yes, frequently	Sometimes	Never	Comments
<b>Gross Motor Skills</b>				
1. Seems weaker or tires more easily than other children his/her age.				
2. Difficulty with hopping, jumping, skipping, or running compared to others his/her age.				
3. Appears stiff and awkward in movements.				
4. Clumsy or seems not to know how to move body; bumps into things.				
5. Tendency to confuse right and left body sides.				
6. Hesitates to climb or play on playground equipment.				
7. Reluctant to participate in sports or physical activity; prefers table activities.				
8. Seems to have difficulty learning new motor tasks.				
9. Difficulty pumping self on swing; poor skills in rhythmic clapping games.				
<b>Fine Motor Skills</b>				
1. Poor desk posture (slumps, leans on arm, head too close to work, other hand does not assist)				
2. Difficulty drawing, coloring, copying, cutting – avoidance of these activities.				
Does the child exhibit the following behaviors?	Yes, frequently	Sometimes	Never	Comments
3. Poor pencil grasp; drops pencil frequently.				
4. Pencil lines are tight, wobbly, too faint or too dark; breaks pencil more often than usual.				
5. Tight pencil grasp; fatigues quickly in writing or other pencil and paper tasks.				

6. Hand dominance not well established (after age six).				
7. Difficulty in dressing; clothing off or on, buttons, zippers, tying bows on shoes.				
<b>Touch</b>				
1. Seems overly sensitive to being touched; pulls away from light touch.				
2. Had trouble keeping hands to self, will poke or push other children.				
3. Touches things constantly; "learns" through his/her fingers.				
4. Has trouble controlling his interactions in group games such as tag, dodge ball.				
5. Avoids putting hands in messy substances (clay, finger paint, paste).				
6. Seems to be unaware of being touched or bumped.				
7. Has trouble remaining in busy or group situations, e.g. cafeteria, circle time.				
<b>Movement and Balance</b>				
1. Fearful of moving through space (teeter-totter, swing).				
2. Avoids activities that challenge balance; poor balance in motor activities.				
3. Seeks quantities of movement including swinging, spinning, bouncing, and jumping.				
4. Difficulty or hesitance learning to climb or descend stairs.				
Does the child exhibit the following behaviors?	Yes, frequently	Sometimes	Never	Comments
5. Seems to fall frequently.				
6. Gets nauseated or vomits from other movement experiences; e.g. swings, merry-go-rounds.				
7. Appears to be in constant motion, unable to sit still for activity.				
<b>Visual Perception</b>				
1. Difficulty naming or matching colors, shapes, or sizes.				
2. Difficulty in completing puzzles; trial and error placement of pieces.				
3. Reversals in words or letters after first grade.				
4. Difficulty coordinating eyes for following a moving object; keeping place in reading; copying from blackboard to desk.				

<b>Auditory/Language</b>				
1. Appears overly sensitive to loud noises (e.g. bells, toilet flush).				
2. Is hard to understand when she or he speaks.				
3. Appears to have difficulty in understanding or paying attention to what is said to him or her.				
5. Has trouble following 2-3 step commands.				
<b>Emotional</b>				
1. Does not accept changes in routine easily.				
2. Becomes easily frustrated.				
3. Difficulty getting along with other children.				
4. Apt to be impulsive, heedless, accident-prone.				
5. Easier to handle in small group or individually.				
6. Marked mood variations, tendency to outbursts or tantrums.				
7. Tends to withdraw from groups – plays on the outskirts.				
8. Has trouble making needs known in appropriate manner.				
9. Avoids eye contact.				

**Academic Difficulties:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Reading              | <input type="checkbox"/> Distractible            | <input type="checkbox"/> Slow writer          |
| <input type="checkbox"/> Following Directions | <input type="checkbox"/> Math                    | <input type="checkbox"/> Restless             |
| <input type="checkbox"/> Poorly organized     | <input type="checkbox"/> Remembering information | <input type="checkbox"/> Spelling             |
| <input type="checkbox"/> Hyperactive          | <input type="checkbox"/> Finishing tasks         | <input type="checkbox"/> Short attention span |

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

Questions/Comments: