



From The Heart Therapy Services

Pre-School Age Checklist (Age Three to Four)

Child's Name: _____ Date of Birth: _____ 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 |
|---|-----------------|-----------|-------|----------|
| Motor Skills | | | | |
| 1. Difficulty riding a riding toy, with feet pushing or propelling. | | | | |
| 2. Difficulty/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, or blocks). | | | | |
| 6. Difficulty using a spoon or cup. | | | | |
| 7. Has very messy eating habits. | | | | |
| 8. Seems weaker or tires more easily than other children his age. | | | | |
| 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 (not 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. | | | | |
| Does the child exhibit the following behaviors? | Yes, frequently | Sometimes | Never | Comments |
| Movement and Balance | | | | |
| 1. Child appears to be in constant motion, unable to sit still for an activity. | | | | |
| 2. Appears fearful of going downstairs. | | | | |
| 3. Gets nauseated or vomits from other movement experiences, e.g. swing, playground, merry-go-rounds. | | | | |
| 4. Seeks quantities of twirling or | | | | |

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| spinning. | | | | |
| 5. Needs 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 himself/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. | | | | |
| 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. | | | | |
| Does the child exhibit the following behaviors? | Yes, frequently | Sometimes | Never | Comments |
| 5. Resists wearing short-sleeved shirts or short pants. | | | | |
| 6. Continues to examine objects by putting in the mouth (past 18 mos). | | | | |
| 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. Play-Doh, finger paint, glue). | | | | |
| 10. Picky eater, refuses many foods. | | | | |
| 11. Pinches, bites, or otherwise hurts self. | | | | |
| 12. Often unaware or bruises and cuts until someone calls it to his or her attention. | | | | |
| 13. Seems overly sensitive to slight | | | | |

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| 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 she/he speaks. | | | | |
| 6. Has trouble following 1-2 step commands. | | | | |
| 7. History of delayed speech development. | | | | |
| Does the child exhibit the following behaviors? | Yes, frequently | Sometimes | Never | Comments |
| 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 check problems? Not concerned Slightly Moderately Very

Questions/Comments: