

Form L
Motor Screening

Date: _____ Student Name: _____ Date of Birth _____

Grade: ____ School: _____ Referring Person: _____

1. Summarize your major concerns regarding this student's motor functioning in the school setting.

No concerns (If no concerns, do not complete rest of page).

Fine Motor and Sensory Concerns:

- Poor balance in sitting
- Poor pencil/crayon use
- Poor cutting skills
- Poor note taking or copying information from the board
- Unable to complete seatwork successfully
- Can't stay in seat; fidgety
- Poor keyboarding skills (hits too many keys at once)
- Inattentive to task/distractible
- Inappropriate touching, hitting and kicking
- Poor lunch skills/behaviors
- Poor toileting skills
- Can't put jacket on/off or zip
- Clumsy in classroom/halls; gets lost in building
- Unable to add numbers in a line
- Doesn't follow directions
- Drops materials; can't manipulate books, etc.
- Loses personal belongings; unorganized

Gross Motor Concerns:

- Difficulty with mobility in the classroom
- Frequent falls
- Difficulty changing positions (in/out of chairs; up/down from floor)
- Poor posture due to low or high muscle tone
- Difficulty with hopping, jumping, skipping or running as compared to same age peers

Comments: _____

2. Describe how concerns checked above are interfering with this student's educational performance.

3. List strategies you have tried and the outcomes of these interventions. (See Kentucky OT/PT Resource Manual, Appendix A)
