**Motor Screening**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

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

Poor keyboarding skills (hits too many keys at once)

Poor lunch skills (trouble opening milk, using utensils)

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Describe how concerns checked above are interfering with this student’s educational performance.

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

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| **Section to be completed by OT, School Psychologist, or ARC Chair** |

Additional Evaluation/Screening needed in the following area(s):  Fine Motor  Gross Motor

When compared to similar age peers, there are no concerns about this student in this area. No

additional evaluation or screenings needed at this time.  OT consulted and interventions provided

Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_