SCHOOL-BASED GROSS MOTOR CHECKLIST

Ellsworth Community School District - Physical Therapy

Student:	**Teacher:**	**Therapist:**	**Date:**

✓		ACTIVITY	Student is unable to complete activity.	Student needs *more* assistance and/or cues than peers.	Student is unsafe.	Student is slower than peers.	Comments
	CLASSROOM MOBILITY	Sitting on chair	Yes No	Yes No	Yes No	Yes No	
		Transferring to floor/mat Sitting on floor/mat	Yes No	Yes No	Yes No	Yes No	
		Walking within the classroom (if in a wheelchair: moving within classroom)	Yes No	Yes No	Yes No	Yes No	
		Hanging up & taking down bookbag or coat	Yes No	Yes No	Yes No	Yes No	
	SCHOOL MOBILITY	Walking the hallway (if in a wheelchair: moving in the hallway)	Yes No	Yes No	Yes No	Yes No	
		Going up and down the stairs	Yes No	Yes No	Yes No	Yes No	
		Opening doors	Yes No	Yes No	Yes No	Yes No	
	TRANSPOR-TATION	Getting on/off bus	Yes No	Yes No	Yes No	Yes No	

SCHOOL-BASED GROSS MOTOR CHECKLIST – continued

Student's Name:

✓	AREA OF CONCERN	ACTIVITY	Student is unable to complete activity.	Student needs *more* assistance and/or cues than peers.	Student is unsafe.	Student is slower than peers.	THERAPIST'S USE ONLY *Observations within area(s) of concern only.*
	MEALTIME	Moving around lunch room while carrying lunch tray	Yes No	Yes No	Yes No	Yes No	
		Getting on/off cafeteria bench/seat	Yes No	Yes No	Yes No	Yes No	
	TOILETING	Utilizing the toilet/ bathroom	Yes No	Yes No	Yes No	Yes No	
	RECESS/ PLAYGROUND	Playing with peers	Yes No	Yes No	Yes No	Yes No	
		Playing on playground equipment	Yes No	Yes No	Yes No	Yes No	
	GYM	Participating in gym activities	Yes No	Yes No	Yes No	Yes No	

Notes/Other concerns:

_____ _____

Physical Therapist *Date Completed*