

STUDENT NAME: _____

DOB: _____

PRESCHOOL LEVEL (2 ½ YR – 3 YR OLD)

MOTOR SCREENING TOOL for Craven County Schools

Instructions: Circle either "Yes" or "No" beside each item based on your observations of this student in the classroom, lunchroom, bathroom, moving between classes and on the playground. Please indicate R if the task is reported and O if observed. If applicable, please list the location the activity is observed (e.g., playground, cafeteria, classroom, etc.).

When compared to peers of the same developmental age, and provided with visual & verbal cues and/or extra time, does the student have the motor ability (strength, coordination, flexibility and endurance) to successfully:			
	Yes R or O*	Location (if applicable)	No
• Access all areas of the home, daycare, preschool, etc.			
• Open/close twist top lids on containers			
• Hold scissors to snip paper (if difficulty grasping, consider previous exposure)			
• Hold a writing utensil to draw/write (digital pronate grasp = utensil in fingers, palm/thumb turned toward paper, pointer finger may be straight)			
• Access/pick up/carry/put down items (e.g., toys, classroom materials, etc.)			
• Use spoon to feed themselves			
• Get up and down from appropriately sized table for snacks/meals			
• Pull off socks			
• Safely negotiate stairs/curbs without crawling.			
• Turn reachable doorknobs			
• Walk, run, and play without excessive falls			
• Play on developmentally appropriate playground equipment			

* R = Reported; O = Observed

NEXT STEP:

If "**NO**" has been circled for any item **AND/OR** there are other functional areas in which the student is having difficulty that may be the result of decreased motor ability.

If "**YES**" has been circled for all the items **AND** there are no other motor related functional areas in which the student is having difficulty.

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Indicate, on the Motor Screening portion of the DEC 3 Worksheet: "Motor skills are functional within the school setting at this time".

(If thought OT and/or PT services may be needed to assist this student in accessing their educational environment, consider consulting with OT and/or PT.)

COMPLETED BY _____

DATE _____

INDICATE POSITION:

- SPECIAL EDUCATION TEACHER
- SCHOOL PSYCHOLOGIST
- OCCUPATIONAL THERAPIST
- PHYSICAL THERAPIST
- HEALTH PROFESSIONAL

OTHER PERSONS CONSULTED TO OBTAIN INFORMATION:
