



Emily Mostovoy-Luna, Assistant Superintendent

**Occupational Therapy Department**  
*School Performance Checklist*  
*for students with Moderate/Severe Disabilities*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred By (circle):    Parent        Classroom Teacher        IEP Team        SRT

Person Completing Form: \_\_\_\_\_

Indicate any diagnoses, medical concerns/precautions and/or special considerations (i.e. seizures, asthma, medications, etc.): \_\_\_\_\_  
\_\_\_\_\_

*Type of Classroom;*  
\_\_\_\_\_ Regular  
\_\_\_\_\_ Special Education Classroom  
\_\_\_\_\_ Other: \_\_\_\_\_

*Current Services;*  
\_\_\_\_\_ Specialized Academic Instruction  
\_\_\_\_\_ Speech/Language Therapy  
\_\_\_\_\_ Occupational Therapy  
\_\_\_\_\_ Physical Therapy  
\_\_\_\_\_ Adapted Physical Education  
\_\_\_\_\_ Other: \_\_\_\_\_

*Occupational therapy in the public school setting is primarily concerned with the student's ability to **function within the school environment**. The tasks contained in this checklist are those that may typically be addressed by a school occupational therapist. Please use this form to guide your observations and your interview of the classroom teacher. Please use the comment sections to indicate the type and level of prompts needed for student to demonstrate skills and whether or not these skills generalize to other settings and/or with other staff members.*

WHY IS THIS STUDENT BEING REFERRED TO OCCUPATIONAL THERAPY?  
(Please be as specific as possible)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**I. SELF HELP SKILLS:** *The student's ability to manage personal needs within the educational environment.*

- |     |    |  |
|-----|----|--|
| Yes | No | Has difficulty taking off or putting on coat, shoes, etc.                |
| Yes | No | Has difficulty with clothing management for toileting                    |
| Yes | No | Has difficulty manipulating fasteners (buttons, snaps, zippers)          |
| Yes | No | Has difficulty tying shoe laces  |
| Yes | No | Requires assistance for hand washing                                     |
| Yes | No | Has difficulty eating/drinking independently                             |
| Yes | No | Has difficulty opening food containers (milk carton, bags, etc.)         |
| Yes | No | Has difficulty selecting and/or transporting food in cafeteria/classroom |
| Yes | No | Has difficulty cleaning up after self                                    |
| Yes | No | Has difficulty wiping mouth  |
| Yes | No | Has difficulty brushing teeth  |
| Yes | No | Has difficulty transitioning between activities                          |

Comments:

**II. POSTURE/FUNCTIONAL MOBILITY:** *The student's ability to perform basic developmental motor skills, posture, and balance needed to function in and move throughout the educational environment.*

**A. Posture**

- |     |    |   |
|-----|----|---|
| Yes | No | Moves/fidgets excessively while at desk/table                           |
| Yes | No | Has difficulty maintaining posture at desk (slumps, head in hand, etc.) |
| Yes | No | Complains of or frequently appears fatigued                             |
| Yes | No | Has difficulty maintaining sitting position on floor                    |

**B. Mobility**

- |     |    |  |
|-----|----|--|
| Yes | No | Has difficulty carrying school supplies/belongings in school environment |
| Yes | No | Trips or stumbles frequently   |
| Yes | No | Has difficulty opening or closing doors                                  |
| Yes | No | Has difficulty accessing playground equipment (slides, swings, bikes...) |
| Yes | No | Has difficulty going up and down stairs                                  |
| Yes | No | Has difficulty catching and throwing a ball                              |
| Yes | No | Has difficulty kicking a ball  |

Comments:

**III. FINE MOTOR/PERCEPTUAL SKILLS:** *The student's ability to manipulate and manage materials within the educational environment.*

**A. Bilateral/Fine Manipulation/Prewriting Skills**

- |     |    |  |
|-----|----|--|
| Yes | No | Has difficulty bringing both hands to midline                          |
| Yes | No | Has difficulty crossing midline  |
| Yes | No | Switches hands during fine motor tasks                                 |
| Yes | No | Takes excessive amount of time/practice to learn new fine motor skills |
| Yes | No | Avoids/dislikes/appears to struggle with fine motor activities         |
| Yes | No | Has difficulty manipulating small objects; frequently drops objects    |
| Yes | No | Has difficulty with two-handed tasks such as stringing beads           |
| Yes | No | Has difficulty positioning scissors in hand                            |
| Yes | No | Has difficulty cutting a straight line                                 |
| Yes | No | Has difficulty cutting out simple shapes such as circle and square     |
| Yes | No | Has difficulty holding writing utensils in fingers only                |
| Yes | No | Has difficulty holding paper still while writing/drawing               |
| Yes | No | Has difficulty coloring in the lines                                   |
| Yes | No | Has difficulty copying vertical and horizontal lines                   |
| Yes | No | Has difficulty copying shapes (circle, cross, square, triangle)        |

**B. Handwriting/Printing (motoric aspect; not content, spelling, grammar, etc.) if appropriate**

- |     |    |  |
|-----|----|--|
| Yes | No | Writing is frequently illegible  |
| Yes | No | Forms letters poorly   |
| Yes | No | Has difficulty writing on line   |
| Yes | No | Letter/number size is inconsistent   |
| Yes | No | Writing is excessively large   |
| Yes | No | Writing is excessively small   |
| Yes | No | Writing appears to require excessive effort/requires excessive time to write |
| Yes | No | Tends to press too hard on the pencil  |
| Yes | No | Applies too little pressure on the pencil                                    |
| Yes | No | Has difficulty spacing properly between words                                |

**C. Visual Perceptual/Visual Motor**

- |     |    |   |
|-----|----|---|
| Yes | No | Has difficulty accurately copying information from books/papers                       |
| Yes | No | Has difficulty copying information from the board                                     |
| Yes | No | Has difficulty aligning vertical columns; math problems, spelling lists               |
| Yes | No | Frequently reverses letters/numbers   |
| Yes | No | Is unable to recognize/identify shapes/letters/numbers                                |
| Yes | No | Has difficulty following directions involving terms such as up/down, left/right, etc. |
| Yes | No | Has difficulty imitating movements, hands clap, up/down/side etc.                     |

Comments:

**IV. SENSORY PROCESSING:** *The student's ability to process relevant sensory information and screen out irrelevant sensory information for effective participation within the educational environment.*

**A. Tactile Processing**

- |     |    |  |
|-----|----|--|
| Yes | No | Has difficulty tolerating touch or other children in close proximity, i.e. in line, at circle time, during group work. |
| Yes | No | Appears to dislike getting hands messy (art, glue, water, etc.)  |
| Yes | No | Has difficulty keeping hands to self in line, group activities   |
| Yes | No | Touches things/people constantly   |

**B. Movement/Vestibular Processing**

- |     |    |   |
|-----|----|---|
| Yes | No | Appears hesitant/afraid of movement activities                                |
| Yes | No | Appears to be in constant motion; unable to sit still for an activity         |
| Yes | No | Seeks quantities of movement (e.g. swinging, spinning, bouncing, and jumping) |

**C. Body Awareness/Proprioceptive Processing**

- |     |    |   |
|-----|----|---|
| Yes | No | Has difficulty negotiating through the school environment without bumping into others, knocking objects off desks, etc.     |
| Yes | No | Has difficulty respecting the personal space/boundaries of others, i.e. positions self too close to others, leans on others |
| Yes | No | Appears to lack safety awareness/judgment   |
| Yes | No | Seeks quantities of jumping/crashing, hanging on people or furniture, deep pressure, runs or bumps into walls/doors/people  |

**D. Auditory Processing**

- |     |    |   |
|-----|----|---|
| Yes | No | Appears overly sensitive to loud noises (e.g. bells, toilet flush)    |
| Yes | No | Becomes distressed during assemblies, lunch or other large gatherings |
| Yes | No | Covers ears to protect them from sound                                |
| Yes | No | Is distracted or has trouble functioning if there is a lot of noise   |

**E. Visual Processing**

- |     |    |  |
|-----|----|--|
| Yes | No | Squints eyes excessively/covers eyes on sunny days                           |
| Yes | No | Distracted from task at hand by other objects/activities on/around Desk area |

Comments: