South Shore THERAPIES

This Form is for Teacher(s), OT, PT, and SLT to Complete

Child's Name: _____

SST Therapist: _____

Email Address: _____@southshoretherapies.com

Sensory and Motor Checklist
Ages 3-5 years

Dear Colleague ~ Thank you for taking the time to complete this checklist. Your valuable insights will assist us in developing a comprehensive profile of the child. We welcome the chance to work more closely with you. Please feel free to call or email the therapist above with more information, or for further discussion. We also appreciate your effort in returning this form to us. Thank you ~ The staff of South Shore Therapies.

Please circle the number that best describes the child. The scale below can be used for reference. Feel free to cross out parts of questions that do not apply and star (*) areas of prominent difficulty. We also appreciate your descriptive comments for clarification.

Scale: 5 = Always 4 = Frequently 3 = Sometimes 2 = Rarely 1 = Never

Motor Skills:

Does the child:		Additional Comments
Have an awkward grasp when picking up small objects?	5 4 3 2 1	
Struggle with small manipulative toys (e.g. Duplos, beads)?	5 4 3 2 1	
Avoid or dislike coloring, drawing and/or writing?	5 4 3 2 1	
Drop or break toys; spill snacks, etc. more than other children his age?	5 4 3 2 1	
Have difficulty using a cup, straw or spoon?	5 4 3 2 1	
Need excess help to put on and zipper his/her coat?	5 4 3 2 1	
Seem weaker or tires more easily than other children his or her age?	5 4 3 2 1	
Use too much force when playing with toys or interacting with people?	5 4 3 2 1	
Appear clumsy and awkward in movement through space?	5 4 3 2 1	
Seem to fall more often than other children?	5 4 3 2 1	
Take a long time to do most motor tasks?	5 4 3 2 1	
Hesitate to climb, play or swing on playground equipment?	5 4 3 2 1	
Have difficulty or hesitancy in climbing up/down stairs alternating feet?	5 4 3 2 1	
Take longer than other children to learn and master new motor tasks?	5 4 3 2 1	
Seem inconsistent in motor skills (e.g. can do it one day but not the next)?	5 4 3 2 1	

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Visual-Perception:

Does the child:		Additional Comments
Avoid, or get frustrated with puzzles, mazes or hidden pictures?	5 4 3 2 1	
Have trouble finding things in a cluttered bin or toy box?	5 4 3 2 1	
Seem to have trouble watching and following calendar time?	5 4 3 2 1	
Have difficulty discriminating colors, sizes and shapes?	5 4 3 2 1	
Have difficulty recognizing an object that is partially hidden?	5 4 3 2 1	
Have trouble putting objects into a fitted space (e.g. shape sorter, puzzle)?	5 4 3 2 1	

Sensory Processing:

Does the child:		Additional Comments
Become easily distracted by visual stimulation?	5 4 3 2 1	
Become overwhelmed or disorganized with too many visual choices?	5 4 3 2 1	
Ever seek out dark, quiet or small places to hide?	5 4 3 2 1	
Seem particularly distracted by sounds, seem to hear sounds others don't?	5 4 3 2 1	
Seem overly sensitive to certain noises? (Please specify)	5 4 3 2 1	
Negatively react to noisy and chaotic situations?	5 4 3 2 1	
Avoid touching textured mediums (e.g. Playdoh, paste, finger paints or sand)?	5 4 3 2 1	
Demonstrate discomfort with, or avoid having people close to them?	5 4 3 2 1	
React strongly to being touched unexpectedly?	5 4 3 2 1	
Have difficulty remaining in group situations (e.g. circle time, recess)?	5 4 3 2 1	
Seek touch input by handling and touching everything in sight?	5 4 3 2 1	
Not understand personal space and often get too close to others?	5 4 3 2 1	
Seek 'heavy work' such as jumping, pushing or crashing into things?	5 4 3 2 1	
Seek input to the mouth through chewing or sucking on non-food items?	5 4 3 2 1	
Appear to be in constant motion, have trouble sitting still?	5 4 3 2 1	
Crave movement experiences such as running, rocking or spinning?	5 4 3 2 1	
Seem to lack awareness of movement situations that are unsafe?	5 4 3 2 1	

Scale: 5 = Always 4 = Frequently 3 = Sometimes 2 = Rarely 1 = Never

Behavior and Organization:

Does the child:		Additional Comments
Have difficulty getting along with other children?	5 4 3 2 1	
Have strong outbursts of anger or frustration?	5 4 3 2 1	
Avoid or have difficulty with eye contact?	5 4 3 2 1	
Tend to withdraw from groups, play on outskirts?	5 4 3 2 1	
Have trouble making needs known in an appropriate manner?	5 4 3 2 1	
Approach tasks and situations in an impulsive manner?	5 4 3 2 1	
Tend to stand back and watch others before attempting a task?	5 4 3 2 1	
Need a lot on one to one attention for success?	5 4 3 2 1	
Have difficulty with transitions and accepting changes in routine?	5 4 3 2 1	
Have a tendency to push, hit, kick or bite other children?	5 4 3 2 1	
Have difficulty following the class rules?	5 4 3 2 1	
Seem to lack confidence or give up easily?	5 4 3 2 1	

Please check off the environments and supports below that help facilitate the child's best learning:

- ❑ morning
- ❑ afternoon
- ❑ one to one
- ❑ small group
- ❑ independent
- ❑ whole class
- ❑ structured tasks
- ❑ unstructured tasks
- ❑ sitting still
- ❑ moving
- ❑ verbal directions
- ❑ visual demonstration
- ❑ hands on learning
- ❑ combination

Would you please share with us any specific strategies you have found that help this child's performance:

What do you feel are biggest factors that interfere with the child's ability to participate successfully in daily activities and/or school:

How concerned are you about this child? Not concerned Slightly concerned Moderately Concerned Very concerned

Child's Name: _____ Grade: _____ Date Form Completed: _____

Name of Person Completing Form: _____ Role with Child: _____

Contact Info: W: _____ H: _____ C: _____

Email: _____

Would you like us to contact you and discuss this further? Yes / No

Thank you for your time. We appreciate you effort in filling out this checklist