



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

Child's Name: _____

SST Therapist: _____

Email Address: _____@southshoetherapies.com

**Sensory and Motor Checklist
Ages 6-12 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 with a pencil or crayon?	5	4	3	2	1	
Struggle with coloring and/or writing tasks?	5	4	3	2	1	
Find small manipulative/ fine motor activities difficult?	5	4	3	2	1	
Frequently drop or break toys; spill snacks, etc. without meaning to?	5	4	3	2	1	
Switch hands or exhibit confusion in establishing a dominant hand?	5	4	3	2	1	
Slump, or move in and out of the chair while doing work?	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 manipulating objects or interacting with people?	5	4	3	2	1	
Appear clumsy and awkward in movement through space?	5	4	3	2	1	
Fall more often than others, or fall unexpectedly out of his/her chair?	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 navigating stairways and through hallways in school?	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	

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

Visual-Perception:

Does the child:

Additional Comments

Avoid or get frustrated with puzzles, mazes or word searches?	5	4	3	2	1	
Have trouble finding things in his/her desk?	5	4	3	2	1	
Tend to draw letters and numbers backwards?	5	4	3	2	1	
Struggle with copying from the blackboard?	5	4	3	2	1	
Demonstrate inconsistencies in spacing and size of letters/words?	5	4	3	2	1	
Have difficulty starting at the left margin and/or lining up math problems?	5	4	3	2	1	
Have trouble keeping place while reading?	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 much information on a page?	5	4	3	2	1	
Ever seek out dark, quiet or small places to hide?	5	4	3	2	1	
Become distracted by background noises (e.g. fan, people talking)?	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. glue, paint 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 busy or group situations (e.g. cafeteria, gym)?	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' through 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	
Have difficulty discerning facial expressions and body language?	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	
Struggle with organizing and completing a task independently?	5 4 3 2 1	
Have difficulty with transitions and accepting changes in routine?	5 4 3 2 1	
Have difficulty following the class/school 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:

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> morning | <input type="checkbox"/> afternoon | <input type="checkbox"/> independent | <input type="checkbox"/> whole class |
| <input type="checkbox"/> one to one | <input type="checkbox"/> small group | <input type="checkbox"/> sitting still | <input type="checkbox"/> moving |
| <input type="checkbox"/> structured tasks | <input type="checkbox"/> unstructured tasks | <input type="checkbox"/> hands on learning | <input type="checkbox"/> combination |
| <input type="checkbox"/> verbal directions | <input type="checkbox"/> visual demonstration | | |

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 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.