

Making It Easy

Elementary School Checklist

Child: _____	Teacher: _____
Child's Date of Birth: _____	School: _____
Parents: _____	Grade: _____
Therapist: _____	
Date: _____	

Please check all behaviors that are characteristic of the child.

Tactile Concerns

- ☐ Has trouble keeping hands to self—pokes, pushes, or pinches
- ☐ Has difficulty being in close quarters with other children
- ☐ Avoids messy art projects and gooey substances
- ☐ Seems to need to touch and manipulate to learn
- ☐ Frequently needs to wash hands

Describe any additional observations that seem out of the ordinary: _____

Motor Concerns

- ☐ Avoids playground equipment, prefers to sit
- ☐ Avoids participation in sports
- ☐ Fatigues easily compared to peers
- ☐ Avoids leg and arm movements that cross the body's midline
- ☐ Has awkward physical coordination
- ☐ Frequently bumps into things or trips and falls
- ☐ Has poor posture while sitting at a desk
- ☐ Confuses right and left
- ☐ Lacks established hand dominance
- ☐ Has immature pencil grasp
- ☐ Has difficulty drawing, coloring, and cutting
- ☐ Has trouble putting on, tying, buttoning, and zipping clothes

Describe any additional observations that seem out of the ordinary: _____

Visual Concerns

- ☐ Reverses or inverts letters or numbers more than average for age
- ☐ Forms letters and numbers with difficulty
- ☐ Has difficulty with spatial organization
- ☐ Finds it hard to discriminate among colors, shapes, and directions
- ☐ Has difficulty with puzzles, mazes, and hidden pictures
- ☐ Has trouble copying from the board

Describe any additional observations that seem out of the ordinary: _____

Auditory Concerns

- ☐ Has difficulty remembering information auditorily
- ☐ Experiences trouble sequencing tasks
- ☐ Finds it hard to follow directions
- ☐ Seems exceptionally sensitive to school bells and alarms
- ☐ Complains about the noise level in classroom
- ☐ Has poor speech and language development

Describe any additional observations that seem out of the ordinary: _____

Smell and Taste

- ☐ Frequently complains of bad odors
- ☐ Seems to smell or put things in mouth frequently
- ☐ Is oblivious to strong odors

Describe any additional observations that seem out of the ordinary: _____

Please state the reason for referral and your concern, describing specific behaviors that are interfering with school functioning.

Several checks in any category indicate that the child may need further evaluation for sensorimotor problems.

SCHOOL BEHAVIOR RATING CHECKLIST

Student: _____
 Date: _____
 Teacher: _____
 Grade: _____

Directions: Mark the appropriate columns

BEHAVIORS	RARELY	SOMETIMES	OFTEN	ALWAYS
Walks in halls				
Uses appropriate tone and voice level in halls				
Transitions within a reasonable time limit				
Displays appropriate peer interactions				
Responds appropriately to adult conversations				
Remains in assigned areas				
Attends school regularly				
Comes to school on time				
Completes missed assignments				
Sits quietly in desk				
Raises hand before speaking				
Enters and exits room appropriately				
Interacts appropriately with students				
Responds to praise appropriately				
Ignores when appropriate				
Follows directions the first time				
Respects materials and property				
Attends during discussions				
Works well individually				
Cooperates with a partner				
Is able to work in groups of less than 6				
Is able to work in groups of more than 6				
Asks for help when needed				
Answers questions appropriately				
Begins tasks immediately				
Completes tasks on time				
Responds appropriately to grades received				
Completes assignments legibly				
Completes tests to potential				
Has positive self-esteem				

Additional Comments:
