



OCCUPATIONAL THERAPY CHECKLIST

If one or more are checked your child may need Occupational Therapy

Fine Motor Skills: (check all that apply)

- Has difficulty grasping and releasing toys
- Cannot or needs help to fasten buttons, zippers, manipulate small objects
- Has difficulty holding coins or small objects with thumb and index finger

Hand-eye Coordination: (check all that apply)

- Needs help throwing/ catching a ball
- Cannot throw at a target or bat a ball
- Has difficulty copying from a blackboard.

Activities of Daily Living: (check all that apply)

- Difficulty bathing
- Needs help with putting on clothes, such as tying shoelaces, fastening zippers or buttons
- Cannot or needs help to brush teeth
- Cannot or has difficulty feeding themselves (holding fork or spoon/ spilling food)
- Difficulty with drawing shapes or writing name

Specialized Equipment: (check if yes)

- Child needs wheelchair, splints, bathing equipment, dressing devices, or communication aids

Sensory Integration: (check all that apply)

- Have difficulty tolerating some textures of foods (ie creamy, crunchy, hot, cold)



- Does not like for hair to be brushed or combed
- Does not like some textures of clothing or tags (i.e. wool, etc)
- Have a short attention span

Cognitive Skills: (check all that apply)

- Difficulty completing puzzles or shape sorters
- Cannot identify colors, shapes, letters, numbers, etc.

Behavioral: (check if yes)

- Hitting others or acting out