



Learning Services

Mailing Address: PO Box 520, Prince Rupert BC V8J 3R7
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OT/PT TEACHER CHECKLIST – Please complete in FULL (Parent input appreciated)

Student Name: _____ Date: _____

WRITING		SELF-CARE	
<input type="checkbox"/>	Unestablished dominance	<input type="checkbox"/>	Difficulty with toileting hygiene
<input type="checkbox"/>	Poor posture – slouches at desk	<input type="checkbox"/>	Difficulty with toileting accidents
<input type="checkbox"/>	Wraps feet around chair	<input type="checkbox"/>	Difficulty with managing clothing during toileting
<input type="checkbox"/>	Avoids fine motor activities	<input type="checkbox"/>	Difficulty with sitting on toilet safely
<input type="checkbox"/>	Difficulty with drawing, colouring, tracing	<input type="checkbox"/>	Cannot reach sink/soap/towels in washroom
<input type="checkbox"/>	Incorrect pencil grip	<input type="checkbox"/>	Cannot access cubby or locker without assistance
<input type="checkbox"/>	Presses very hard/very lightly	<input type="checkbox"/>	Cannot get lunch box independently
<input type="checkbox"/>	Rhythm not constant (jerky, shaky letters)	<input type="checkbox"/>	Cannot open containers
<input type="checkbox"/>	Difficulty staying on the line	<input type="checkbox"/>	Cannot manage utensils
<input type="checkbox"/>	Spacing of letters/words difficult	<input type="checkbox"/>	Eats messily
<input type="checkbox"/>	Difficulty in copying from: <input type="radio"/> blackboard <input type="radio"/> out of book <input type="radio"/> dictation	<input type="checkbox"/>	Difficulty chewing and swallowing
<input type="checkbox"/>	Confused going from one completed line to the other		COMMENTS
<input type="checkbox"/>	Shifts on chair when writing		
<input type="checkbox"/>	Rotates book extremely when writing		
<input type="checkbox"/>	Quality of writing is inconsistent		
<input type="checkbox"/>	Incorrect formation of letters/numbers (specify)		
<input type="checkbox"/>	Confused letters almost similar (eg., r & n, n & m)		
<input type="checkbox"/>	Reversals (eg., b, d, p)		
<input type="checkbox"/>	Size of letters does not remain constant		
<input type="checkbox"/>	Very slow performance of written work		
<input type="checkbox"/>	Untidy, uneven work		
<input type="checkbox"/>	Difficulty with sequencing (saw-was)		

READING		BEHAVIOUR	
<input type="checkbox"/>	Reading grade level	<input type="checkbox"/>	Restless or overactive, constantly fidgets
<input type="checkbox"/>	Skips words/letters	<input type="checkbox"/>	Disorganized and messy desk
<input type="checkbox"/>	Poor discrimination between words almost similar (eg., bad-dad, cat-cot)	<input type="checkbox"/>	Inattentive, easily distracted
	MATH	<input type="checkbox"/>	Fails to finish things he/she started
<input type="checkbox"/>	Difficulty working in columns	<input type="checkbox"/>	Daydreams; can't get started/work independently

<input type="checkbox"/>	Problems with layout of numbers (spacing)	<input type="checkbox"/>	Temper outbursts, unpredictable or aggressive
<input type="checkbox"/>	Reversals of numbers (eg., 3, 6, 2)	<input type="checkbox"/>	Isolates him/herself from other children
<input type="checkbox"/>	Sequencing problem (43-34)	<input type="checkbox"/>	Cannot follow directions

GROSS MOTOR

SENSORY MOTOR

<input type="checkbox"/>	Has trouble holding head up while sitting	<input type="checkbox"/>	Needs tactile cues for directions
<input type="checkbox"/>	Holds head in hand regularly	<input type="checkbox"/>	Bumps into people/furniture
<input type="checkbox"/>	Becomes tired easily	<input type="checkbox"/>	Fearful of activities moving through space
<input type="checkbox"/>	When shifting body in chair, sometimes falls out of seat	<input type="checkbox"/>	Dislikes rough-housing, somersaults, rolling on the floor, jumping
<input type="checkbox"/>	Appears stiff during physical activities	<input type="checkbox"/>	Does not like to work/play with "messy" materials
<input type="checkbox"/>	Movements are loose, sloppy or exaggerated during physical activities	<input type="checkbox"/>	Avoids being touched
<input type="checkbox"/>	Can't seem to stop moving		COMMENTS
<input type="checkbox"/>	Seems weaker than other children		
<input type="checkbox"/>	Has difficulty holding still positions		
<input type="checkbox"/>	Has obvious physical differences between right & left side		
<input type="checkbox"/>	Stumbles and falls more frequently than other children his/her age		
<input type="checkbox"/>	Difficulty getting up from sitting		
<input type="checkbox"/>	Has awkward walking pattern		
<input type="checkbox"/>	Appears clumsy		
<input type="checkbox"/>	Difficulty stopping on command		
<input type="checkbox"/>	Requires supervision to move between levels (eg., chair to floor)		
<input type="checkbox"/>	Requires supervision on playground		
<input type="checkbox"/>	Unable to participate in regular gym program		
<input type="checkbox"/>	Difficulty maneuvering between classes		
<input type="checkbox"/>	Uses wheelchair		
<input type="checkbox"/>	Uses walking aid (eg., walker, crutches)		

FINE MOTOR

<input type="checkbox"/>	Trouble with gluing or craft activities		
<input type="checkbox"/>	Trouble with cutting		
<input type="checkbox"/>	Trouble with tracing activities		
<input type="checkbox"/>	Difficulty using both sides of body together		
<input type="checkbox"/>	Sometimes gets left and right confused		
<input type="checkbox"/>	Has had some experience in keyboarding		