

# REGION III THERAPY CHECKLIST

Check All That Apply

TEACHER MUST COMPLETE AS PART OF REFERRAL

**Gross Motor**  
**PHYSICAL THERAPY:**

Problems with:

- Running
- Jumping
- Hopping one foot
- Climbing stairs
- Falls often
- Ball skills
- Drags feet
- Walks on toes
- Tires easily

Child moves about classroom  
by \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does child have walker, braces,  
wheelchair, etc.?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is the child participating in  
PE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the PE teacher making any  
accommodations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fine Motor**  
**OCCUPATIONAL THERAPY:**

Problems with:

- Holds pencil or crayon w/incorrect grasp
- Unable to imitate circular, horizontal or vertical stroke
- Unable to copy a circle
- Unable to copy a square/rectangle
- Unable to copy a triangle
- Unable to copy a cross
- Unable to string beads
- Lacks hand dominance
- Difficulty staying in line when coloring-not age appropriate
- Difficulty cutting paper
- Weak grasp
- Dislikes being touched
- Cannot button
- Cannot zip; cannot snap
- Cannot put on coat
- Sensory Issues (explain below)
- Handwriting concerns (explain below)
- Shoe tie

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special problems/comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date \_\_\_\_\_  
Name