

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