

OT/PT Functional Performance Screening – Teachers

Student: _____
 School/Grade: _____

Age: _____ Date: _____
 Teacher: _____

*For each question below, place a check on the appropriate line. If the student performs the task but takes too much time, place an * under “yes”.*

	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>Teacher’s Comments on Student’s Problems</u>
Classroom/Library/Art				
Can position at all workstations	_____	_____	_____	_____
Can access all work material	_____	_____	_____	_____
Can move between all workstations	_____	_____	_____	_____
Doors				
Can open and close all the doors	_____	_____	_____	_____
Can move through doorways	_____	_____	_____	_____
Hallways				
Can travel required distance	_____	_____	_____	_____
Can move through crowded hallway	_____	_____	_____	_____
Can use water fountain	_____	_____	_____	_____
Lunchroom				
Is safe on slippery floor	_____	_____	_____	_____
Can go through lunch line	_____	_____	_____	_____
Can carry lunch tray	_____	_____	_____	_____
Can maneuver in tight space	_____	_____	_____	_____
Can sit at lunch table	_____	_____	_____	_____
Restroom				
Is safe on wet floor	_____	_____	_____	_____
Can move in and out of toilet stall	_____	_____	_____	_____
Can sit or stand at toilet	_____	_____	_____	_____
Can access faucet, soap and towels	_____	_____	_____	_____
School Bus				
Can move on and off bus	_____	_____	_____	_____
Can sit securely on the bus	_____	_____	_____	_____
Playground				
Can access playground	_____	_____	_____	_____
Can play on outdoor equipment	_____	_____	_____	_____
Can negotiate stairs or ramp	_____	_____	_____	_____
Assemblies				
Can student sit and tolerate	_____	_____	_____	_____
Large group activities	_____	_____	_____	_____

Check the problems below, which apply to this student. If not applicable, please state N/A.

_____ **Clumsiness, Poor coordination**

_____ **Poor Awareness of Space**

- _____ Poor Balance
- _____ Falls Easily
- _____ Runs into chairs, desks
- _____ Trouble catching kicking or throwing a ball
- _____ Cannot learn new motor activities or games
- _____ Behind others in motor skills
- _____ Poor use of one side of body
- _____ Makes facial grimaces or uncontrolled movements when working
- _____ Other _____

_____ **Fine Motor Problems**

- _____ Difficulty manipulating small objects (pegs, beads, coins, clothing fasteners)
- _____ Difficulty using scissors, coloring, writing. Please Specify _____
- _____ Abnormal Pencil Grasp (holds tightly or weakly, immature grip)
- _____ Jerky or tremor like motions in hands when drawing
- _____ Difficulty staying on lines when tracing
- _____ Eyes do not follow hands, seem to wander
- _____ Difficulty using isolated finger movements (use arm and hand as one unit when writing)

_____ **Seems Excessively Distracted by Stimulation**

- _____ Dislikes light touch or being touched
- _____ Overreacts to unexpected touch or sound
- _____ Unable to calm down after motor activity
- _____ Other _____

_____ **Trouble with Attention**

- _____ Is lethargic at times
- _____ Stares blankly on occasion
- _____ Frequently misses directions
- _____ Has wandering eyes- cannot focus
- _____ Cannot sit still

_____ **Activities of daily living**

- _____ Trouble dressing/undressing(or fastening, buttoning, zipping, shoe tying)
- _____ Needs assistance when toileting
- _____ Trouble grooming (teeth, face)
- _____ Trouble eating (Please Explain: _____)

Comments: _____
