

OCCUPATIONAL THERAPY: YOUNG CHILD

SCREENING CHECKLIST

Occupational therapists can use the checklist to screen a child aged 3-7 years on their developmental status with fine motor, visual motor, and self-help skills. The checklist can be used to screen for services and provide additional information for evaluations.

Child's Name: _____ **Date of Birth:** _____ **Age:** _____

School: _____ **Teacher:** _____ **Grade:** _____

Therapist: _____ **Date:** _____

3-4 years

Skills	Yes	No
Strings at least 3 small size beads		
Stacks 9-10 blocks to build a tower		
Complete at least 5 interlocking puzzle pieces		
Folds and creases paper		
Holds a crayon with thumb and fingers (not fist)		
Traces thick line		
Copies a cross when drawing		
Draws a person with two parts		
Holds scissors with one hand to cut and holds the paper with the other hand		
Cuts on a thick, straight line with scissors		
Uses the non-dominant hand to assist and stabilize the use of objects		
Uses eating utensils with some spillages		
Drinks from an open cup with little spillage		
Pours liquid with some assistance		
Puts on simple clothes (e.g., shoes) with little assistance		
Washes and dries hands with some assistance		
Brushes teeth with some assistance		
Washes and dries hands with some assistance		
Manages large size buttons (e.g., 2 inch in diameter) with assistance		
Manages snaps on clothes with assistance		
Manages zippers on clothes with assistance		
Tells an adult when need to go to the toilet		
Takes responsibilities for toileting but needs help with wiping		

Comments:

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Child's Name: _____ Date of Birth: _____ Age: _____

School: _____ Teacher: _____ Grade: _____

Therapist: _____ Date: _____

4-5 years

Skills	Yes	No
Copies a diagonal line		
Copies a square		
Copies a triangle		
Copies an X		
Cuts on a line continuously		
Cuts simple shapes		
Builds a 6-block pyramid		
Builds a 6-block steps		
Laces a sewing card		
Draws a person with 3 parts		
Establishes hand dominance		
Folds and creases paper		
Uses eating utensils with none to minimal spillages		
Drinks from an open cup with no spillage		
Opens all fasteners (e.g., buttons, zippers, snaps) on clothing with none to little assistance		
Dresses and undress (e.g., pants, socks, shoes) with little assistance		
Washes most body parts without assistance		
Uses bathroom without assistance		

Comments: _____

Child's Name: _____

Date of Birth: _____

Age: _____

School: _____

Teacher: _____

Grade: _____

Therapist: _____

Date: _____

5-6 years

Skills	Yes	No
Builds complex designs with building toys (e.g., blocks, Legos, Tinker toys)		
Copies a rectangle		
Connects two dots with a straight line		
Copies first name from memory		
Copies upper and lowercase letters		
Copies numbers		
Draws a person with at least 6 parts that are recognizable		
Draws basic pictures		
Cuts complex shapes with scissors		
Pastes and glues for a craft		
Colors within majority of the lines		
Uses a more functional grasp (e.g., tripod, quadruped) with a pencil		
Cuts food with a butter knife		
Ties shoelaces		
Brushes teeth without assistance		
Dresses and undresses without assistance		
Puts shoes on correct feet		
Bathes/showers with some assistance		
Opens lunch boxes and some food packages		

Comments: _____

Child's Name: _____ **Date of Birth:** _____ **Age:** _____
School: _____ **Teacher:** _____ **Grade:** _____
Therapist: _____ **Date:** _____

6-7 years

Skills	Yes	No
Writes on the baselines		
Good endurance during handwriting		
Bathes/showers without assistance		
Brushes hair without assistance		
Uses knife to cut soft food		
Spreads food with knife		

Comments: _____

The design of the screening checklist was influenced by:

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