



**SCHOOL FUNCTION MOTOR SCREEN**

Name: \_\_\_\_\_ Date of Assessment: Yr. Mo. Day  
 Gender: Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 School: \_\_\_\_\_ Age at Assessment: \_\_\_/\_\_\_/\_\_\_  
 Teacher: \_\_\_\_\_

Student rated relative to peers in \_\_\_ Regular Education Program \_\_\_ Special Education Program.

Ratings Key for Activity Performance:

- 1: Does not perform
- 2: Partial performance
- 3: Inconsistent performance
- 4: Consistent performance

1. Moves to any location/area within building (one level only-no stairs)	1	2	3	4
2. Moves around room freely with no or infrequent bumping into obstacles.	1	2	3	4
3. Maintains adequate posture for at least ½ hour during classroom instruction.	1	2	3	4
4. Raises self from floor to standing position.	1	2	3	4
5. Opens doors that have minimal or no resistance.	1	2	3	4
6. Carries tray without spilling or dropping (may use wheelchair lap tray)	1	2	3	4
7. Uses writing utensils (e.g. pencils, pens, markers, crayons) to draw/ write on paper.	1	2	3	4
8. Manipulate small game pieces or toys.	1	2	3	4
9. Cuts with scissors along a line.	1	2	3	4
10. Uses all art materials comparably too peers.	1	2	3	4
11. Opens containers to obtain objects	1	2	3	4
12. Obtains personal items from own bag.	1	2	3	4
13. Brings food from plate/container to mouth using fork/spoon.	1	2	3	4
14. Washes and dries hands	1	2	3	4
15. Cares for toileting needs in timely fashion	1	2	3	4
16. Manipulates fasteners on own clothing.	1	2	3	4
17. Walks/moves up/down a short flight of stairs (4-5 steps).	1	2	3	4
18. Writes words and numbers of acceptable quality.	1	2	3	4
<b>Comments/ Concerns:</b>				