

Randolph County School System Motor Screen

*Completed by PT and/or OT

Student Name: DOB: School:
 Screening Date: Grade: Teacher:

*R = Reported; O = Observed

Yes *R or O	No	Location
----------------	----	----------

CAFETERIA/SNACK

• Opens Containers			
• Feeds Self			
• Carries Tray			
• Functional Sensory Responses (noise, transitions, etc)			
• Sits with stability			

Comments: _____

TOILETING/RESTROOM

• Manages Clothing (balance, hand strength)			
• Able to sit/stand at toilet			
• Wash/Dry Hands			
• Manages Necessary Hygiene			
• Functional Sensory Responses (noise, tactile, transition)			

Comments: _____

SCHOOL MOBILITY

• Able To Open Doors			
• Get On/Off Bus			
• Able To Go Up/Down Stairs/Curb Keeping Pace With Peers			
• Moves in Hallway Keeping Pace with Peers			

Comments: _____

PLAYGROUND

• Plays on Playground Equipment			
---------------------------------	--	--	--

Comments: _____

Yes *R or O	No	Location
----------------	----	----------

GYM

• Participate in Gym Activities (using equipment, follows game rules)			
---	--	--	--

Comments: _____

CLASSROOM

• Sitting With Upright Posture on Floor and Chair			
• Transitions Independently (up/down from floor, in/out desk)			
• Negotiates Movement Within Classroom			
• Manages Organization of Materials Appropriate for Grade Level			
• Manages Personal Items (coat, bookbag, etc)			
• Handles Manipulatives in Classroom			
• Demonstrates Functional Writing Grasp			
• Uses Classroom Tools Effectively (scissors, glue, crayons)			
• Can produce pre-writing shapes (lines, o, X, +, triangle)			
• Opens Containers (markers, bags, tubs, etc)			
• Functional Sensory Responses (noise, visual, movement, tactile)			

Comments:

NEXT STEP:

If “ NO ” has been checked for any item AND/OR There are other functional areas in which the student is having difficulty that may be the result of decreased motor ability	If “ YES ” has been checked for all the items AND There are no other motor related functional areas in which the student is having difficulty.
--	---



<p>Report this observation on the motor screen portion of the DEC 3 Worksheet by indicating the student’s strengths and weaknesses.</p> <p>If additional testing appears warranted consider consulting with</p> <ul style="list-style-type: none"> o Physical Therapist o Occupational Therapist o School Psychologist o Adapted P.E. Teacher o Teacher of Visually Impaired Students 	<p>Indicate on the Motor Screening portion of the DEC 3 Worksheet: “Motor skills are functional within the school setting at this time.”</p>
--	---

Completed by:

Date:

Other persons consulted to obtain information:

Provided the following strategies to teachers: