



Randolph County School System Motor Screen for Preschoolers

*Completed by PT and/or OT

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

*R = Reported; O = Observed

Yes *R or O	No	Location
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ARRIVAL AND DEPARTURE

• Opens door to classroom			
• Takes coat on/off & Stores in appropriate place			
• Can do fasteners (zippers/ snaps/ buttons)			
• Manages backpack			
• Functional Sensory Responses (noise, transitions)			
• Transitions through morning routines/activities			

Comments: _____

CIRCLE TIME

• Adequate sitting balance to sit on floor			
• Attends to story/ activity			
• Participates in movement activity			

Comments: _____

ART ACTIVITIES

• Grasps markers/ paint brushes functionally			
• Draws/ scribbles within the confines of paper			
• Uses scissors			
• Uses textured materials (playdough, finger paint, sand, glue, etc)			

Comments: _____

Yes *R or O	No	Location
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DAILY LIVING

• Carries lunch tray			
• Drinks from a straw			
• Feeds Self			
• Uses napkin			
• Functional Sensory Responses (noise, transitions, etc)			
• Washes and dries hands			
• Independent with toileting (do not include fasteners)			

Comments: _____

MOBILITY

• Walks safely in the classroom without falling			
• Walks around and over obstacles			
• Gets up from the floor in a mature pattern			
• Walks up/ down small step or curb			
• Walks safely on ramps or uneven surfaces			
• Runs			
• Gets on and off bus			
• Participates in playground time with peers			

Comments: _____

NEXT STEP:

<p>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</p>	<p>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>
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<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>
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Completed by: _____

Date: _____

Other persons consulted to obtain information: _____

Provided the following strategies to teachers: _____
