

**Boone-Clinton-North West Hendricks Joint Services
Occupational Therapy
Functional Fine Motor Skills Screener**

Student:	Age:	Date:
School:	Teacher:	Room #:

ACCORDING TO THE MOST RECENT EVALUATION(S), THIS STUDENT FUNCTIONS AT THE FOLLOWING AGE LEVELS:

Communication Age: _____ Daily Living Skills Age: _____ Visual-Motor Skills Age: _____
 Social Skills Age: _____ Motor Skills Age: _____

SCHOOL ACTIVITY	INDEPENDENT	DEPENDENT	TEACHER COMMENTS
Bathroom Skills			
Washing Hands			
Getting on & off toilet			
Pulling up clothes			
Fastening clothes			
Dressing Skills			
Coat on and off			
Shoes on and off			
Outerwear on and off			
Lunchroom Skills			
Carries tray			
Opens food packages			
Orders food			
Gives appropriate code, pays or shows I.D. card			
Uses utensils appropriately			
Chews and swallows			
Drinks with straw			
Drinks from cup			
Accessibility			
Opens doors			
Uses doorknob			
Uses playground equipment			

(over)

<u>SCHOOL ACTIVITY</u>	<u>INDEPENDENT</u>	<u>DEPENDENT</u>	<u>TEACHER COMMENTS</u>
Sits securely on bus			
Sits in classroom chair			
Maintains upright posture when sitting at a desk			
Drinks from water fountain			
Handwriting			
Demonstrates dominant hand			
Holds writing instrument			
Willing to hold writing instrument			
Holds paper in place using non-writing hand			
Knows letters of alphabet			
Knows numbers			
Writes first name legibly			
Writes last name legibly			
Writes alphabet legibly			
Writes whole words legibly			
Writes numbers legibly			
Applies pressure appropriately when writing			
Sizes letters appropriately when writing			
Spaces letters appropriately			
Cutting Skills			
Uses regular scissors			
Able to snip paper			
Able to cut on a line			
Able to cut out a shape			

Attach additional comments and/or writing samples as needed.

Please return this form to case conference coordinator.



FOR OFFICE USE ONLY

OT Evaluation: _____ Needed _____ Not needed

Signature/Title _____ Date _____