

# Occupational Therapy (OT) Evaluation Checklist

## Personal Information

Name:

Age:

Date of Birth:

Date of Evaluation:

Referring Physician:

Guardian / Parent / Caregiver Name:

Relevant Medical History:

## Instructions

Please indicate the level of the child's performance for each item by checking the appropriate box. Additional comments or observations may be noted in the space provided.

## Motor Skills

### 1. Gross Motor Skills

Ability to walk independently:

- Independent
- Require assistance
- Unable to walk independently

Ability to run, jump, hop, and skip:

- Achieves age-appropriate milestones
- Shows delays or difficulties

Balance and coordination:

- Good balance and coordination
- Poor balance or coordination

Other observations / comments:

## 2. Fine Motor Skills

Grasping objects:

- Age-appropriate grasp patterns
- Atypical grasp patterns

Manipulating small items (e.g., buttons, beads):

- Able to manipulate with ease
- Difficulties manipulating

Pencil grasp and control:

- Age-appropriate pencil grasp
- Poor pencil grasp or control

Other observations / comments:

## 3. Handwriting and Writing Skills

Letter formation and legibility:

- Clear and legible handwriting
- Illegible or inconsistent handwriting

Writing fluency and speed:

- Writes fluently and at an appropriate pace
- Slow or hesitant writing

Other observations / comments:

## Sensory Processing

### 4. Sensory Processing

Response to tactile input:

- Appropriate response to touch
- Sensory aversions or seeking behaviors

Response to auditory input:

- Appropriate response to sound
- Sensory sensitivity or auditory processing difficulties

Response to visual input:

- Appropriate response to visual stimuli
- Sensory sensitivity or visual processing difficulties

Other observations / comments:

## Occupational Performance

### 5. Occupational Performance

Activities of daily living (e.g., dressing, feeding):

- Independent
- Requires assistance
- Unable to perform independently

Play skills:

- Age-appropriate play skills
- Difficulties with play skills

School-related tasks (e.g., following instructions, staying focused):

- Age-appropriate performance
- Difficulties with school-related tasks

Other observations / comments:

## Behavior and Social Skills

### 6. Behavior and Social Skills

Attention and focus:

- Able to maintain attention
- Easily distracted or difficulty sustaining attention

Social interactions:

- Engages appropriately with peers
- Social difficulties or withdrawn behavior

Emotional regulation:

- Able to regulate emotions effectively
- Displays emotional dysregulation

Other observations / comments:

## Screening and Progress Monitoring

### 7. Screening for Red Flags

Developmental milestones:

- Achieves age-appropriate milestones
- Shows delays or deviations

Identified concerns or red flags:

- None
- Yes (specify):

Recommendations for further assessment / referral:

### 8. Progress Monitoring

Progress since the previous evaluation:

- Improved
- Stable
- Declined

Areas of improvement:

Areas requiring further intervention:

## Stakeholder Involvement and Collaboration

### 9. Parent and Teacher Feedback

Input from parents / caregivers:

Input from teachers / educators:

### 10. Collaborative Goal Setting

Goals established for intervention:

Plan for collaboration between therapist, parents, and educators:

## Recommendations and Follow-Up

### 11. Educational and Therapeutic Strategies

Recommended interventions or strategies:

Therapeutic activities or exercises:

### 12. Follow-Up and Referral

Follow-up schedule:

Referral to other professionals or specialists:

## Comments / Additional Observations