

# 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:
<input type="checkbox"/> Independent
<input type="checkbox"/> Require assistance
<input type="checkbox"/> Unable to walk independently
Ability to run, jump, hop, and skip:
<input type="checkbox"/> Achieves age-appropriate milestones
<input type="checkbox"/> Shows delays or difficulties
Balance and coordination:
<input type="checkbox"/> Good balance and coordination
<input type="checkbox"/> 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