

Teacher Checklist Pre-K through Kindergarten

Child's Name: _____ Child's Age: _____

Teacher's Name: _____ Classroom: _____

Date completed: _____

What is your main area of concern?

Classroom Observations Gross Motor - strength, postural stability

- | | |
|---|---|
| ☐ Slumps in chair | ☐ Tires easily during gym/outdoor play |
| ☐ Holds head up with hand | ☐ Difficulty copying/imitating movements |
| ☐ Leans on furniture in standing | ☐ Difficulty climbing/navigating play structures |
| ☐ Fidgety in chair | |

Fine Motor - hand strength, pencil grasp, in-hand manipulation

- | | |
|--|---|
| ☐ Awkward grasp on pencils
(please describe grasp:_____) | ☐ Writing/drawing is jagged, not smooth |
| ☐ Hands tire easily | ☐ Cutting is jagged, not smooth |
| ☐ Complains of hand pain | ☐ Flexes wrist when writing or cutting |
| ☐ Pushes too hard on pencils | ☐ Difficulty squeezing tools such as a stapler, glue bottle, or hole punch |
| ☐ Pushes too light on pencils | |

Visual Perceptual & Visual Motor - visual discrimination, hand-eye coordination, handwriting

- ☐ Poor letter recognition
- ☐ Poor number recognition
- ☐ Poor letter/number formation or reversals
- ☐ Difficulty with sizing of letters
- ☐ Difficulty with spacing of letters
- ☐ Difficulty with line adherence

- ☐ Difficulty copying from far point
- ☐ Difficulty completing geometric puzzles
- ☐ Difficulty with mazes or dot to dots
- ☐ Poor visual attention
- ☐ Poor eye contact
- ☐ Eye rubbing/squinting

Bilateral Coordination - *using two hands together*

- ☐ Switches hands during writing/drawing
- ☐ Does not stabilize paper
- ☐ Difficulty shifting and rotating the paper for cutting
- ☐ Difficulty folding paper along lines
- ☐ Difficulty opening zippers, buttons, or snaps on clothes or backpack
- ☐ Difficulty tying shoelaces

Motor Planning - *planning and executing novel or multi-step tasks*

- ☐ Difficulty following multi-step directions
- ☐ Difficulty learning new tasks
- ☐ Difficulty initiating tasks
- ☐ Difficulty imitating movements

Sensory Processing

- ☐ Enjoys touching various materials
- ☐ Resists touching certain materials
- ☐ Avoids getting hands messy
- ☐ Doesn't realize when hands/face are messy
- ☐ Overly touchy with others
- ☐ Avoids being touched

- | | |
|--|---|
| ☐ Covers ears with hands | ☐ Notices small changes to classroom |
| ☐ Distracted by background noise | ☐ Strong need for routine |
| ☐ Seems to not understand what was said | ☐ Difficulty persevering when challenged |
| ☐ Misses oral directions more than others | ☐ Easily frustrated |
| ☐ Covers eyes with hands | ☐ Outbursts of anger or aggression |
| ☐ Mouths or chews clothing, pencils, etc. | ☐ Hesitant to participate |
| ☐ Makes noises with mouth while working | ☐ Difficulty making friends |
| ☐ Difficulty imitating/maintaining rhythm | ☐ Prefers solitary play |
| ☐ Performs tasks slowly | ☐ Impulsive |
| ☐ Poor task completion | ☐ Lacks safety awareness |
| ☐ Poor organizational skills | ☐ Seems overly active |
| | ☐ Seems clumsy |
| | ☐ Seems to deliberately fall or crash |

Any additional comments or important information:

Please attach or email photos of any samples of the child's work if relevant to concerns.

Thank you!