**Motor Task Performance**

 Pre-Referral Screen Age 3-5 Referring School District

Child’s Name DOB: Performed by: Date:

**Prior to therapy observation please assess child and complete this form**

**3 years**  **4 years** **5 years**

 Ball: Catches with arms/body Ball: Catches with hands/body Ball: Catches with hands

 Stands: On 1 foot Stands: On 1 foot Stands: On 1 foot 5 seconds

 Stairs: Up, with handrail Stairs: Up/down with handrail (alt. feet) Stairs: Up/down independently alt. feet

 Jumps: From bottom stair, both feet Jumps: Forward feet together Jumps: Forward feet together 10”

 Pedals tricycle Hops: On one foot 4 times Skips/gallops

 Blocks: Imitates 2 block pattern Blocks: Imitates 3-4 block patterns Block: Builds stair pattern

 Squeezes: Playdoh/putty Opens simple containers Copies: Square

 Copies: Circle Copies: + Cuts: 6” Square within ¼”

 Cuts: Snips Cuts: 6” line Opposes each finger to thumb (both hands)

 Touches each finger to thumb (1 hand) Functional pencil grasp

 Consistent pencil grasp

Complete the section for your child’s age plus the section previous: (i.e.: child age 4 complete 3 and 4 y/o information)

**Scoring: + = Master Task** **0 = occasionally demonstrates** **- - - = not demonstrated**

**\*Sensory/Self Regulation** **COMMENTS:**

 Seeks excess cuddling Avoids touching people, food, sand, water

 Avoid getting dirty Covers ears upsets with loud noise or music

 Avoids certain textures of foods Diagnosed visual problem

 Dislikes being off the ground Mouths objects excessively and inappropriately

 Difficulty concentrating in the midst of other activities

**\*Sensory Motor** **COMMENTS:**

 Avoids stringing beads, putting together puzzles, or paper/pencil tasks

 Takes longer to learn new movement games

 Difficulty picking up small objects (cheerios pegs, etc.)

 Difficulty using a spoon or fork (tend to eat finger foods)

**COMMENTS:**

**RECOMMENDATIONS:**