

OT Pre-Referral SAT Checklist

Student: _____ Age: _____ Date of birth: _____ Person completing form: _____

Ages 4-5		
Activity	Yes	No
Gross Motor Skills		
Hops forward on either foot without assistance		
Jumps forward with feet together		
Performs a complete somersault		
Kicks a ball when it has been rolled directly into his/her path		
Throws a ball 10 feet overhand		
Runs and changes direction without stopping		
Hangs from a bar using an overhand grip		
Maintains momentum on a swing		
Fine Motor and Visual Motor Skills		
Grasps a crayon between the thumb and fingers		
Holds a pencil with a tripod grasp (thumb, index, and middle fingers)		
Uses preferred hand for most activities		
Draws diagonal line and zig zag line following a model		
Draws a person with a body		
Attempts to draw a range of pictures		
Traces a line with control		
Writes their name		
Copies numbers 1-5		
Colors inside the lines		
Colors an entire picture		
Copies a circle, cross, and square		
Copies simple pictures using geometric shapes		
Prints some letters		
Cuts continuously along a line		
Cuts out a small square or triangle with scissors		
Copies a 9 block model		
Designs own block models		
Completes 8-12 piece puzzles		
Strings small beads in a color or shape sequence		
Identifies objects through the sense of touch		
Opens zip lock bags, containers, and lunch boxes		
Self-Care Skills		
Brushes teeth with horizontal and vertical motions		
Goes to the bathroom when necessary with infrequent accidents		
Dresses independently including large buttons, socks, and shoes (not including small buttons, shoelaces, or initiating a zipper)		

Sensory Processing		
Seems overly sensitive to touch		
Will not touch certain textures (socks, certain clothes, sandy, sticky, etc.)		
Appears clumsy		
Avoids balance activities		
Spins/flicks/lunges fingers		
Eats inedible objects		
Avoids certain foods or textures		
Seems sensitive to certain odors		
Has difficulty with eye-tracking		
Pokes at eyes		
Has an excessive desire to jump, kick, bounce, throw self, and bump into objects/people		
Seems sensitive to certain sounds		
Oral Motor Skills		
Does not put the appropriate amount of food in mouth and does not chew with the lips closed		
Does not eat different types of foods		
Does not suck liquid through a straw while holding the container with one hand		
Other Skills		
6-20 minute attention span		
Will listen to a short story book with pictures		
Is able to identify at least one body part		
Adjusts to rules and routines quickly		
Is able to follow three-step commands		
Responds well to simple rules		
Plays make-believe		

Teacher Observation of concerns impacting classroom performance: