

OT Pre-Referral SAT Checklist

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

Ages 6-8+		
Activity	Yes	No
Gross Motor Skills		
Can catch a ball with one hand		
Is coordinated with ball skills		
Can jump, skip, hop, and run in a coordinated way		
Does not bump into or trip over objects		
Does not tire easily with every activity		
Fine Motor and Visual Motor Skills		
Holds a pencil with a 3 fingered grasp and generates movements from the fingers, not the wrist		
Maintains legibility throughout the handwriting assignment		
Has pencil control		
Has endurance for writing tasks		
Writes on the lines		
Forms letters and numbers correctly		
Letters are becoming smaller		
Draws detailed pictures with recognizable objects		
Does not have difficulty with scissors		
Cuts neatly around shapes		
Completes a 20 piece puzzle		
Completes more complex puzzles		
Builds with Legos, K'nex, and other blocks		
Opens zip lock bags, containers, and lunch boxes		
Self-Care Skills		
Toilets independently		
Dresses independently, including all fasteners		
Ties shoe laces		
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		
14-40 minute attention span		
Participates well in rule-based group games		
Resolves conflicts without seeking adult intervention		

Teacher Observation of concerns impacting classroom performance: