



South Bend Community School Corporation
Special Education Services

OT/PT TEACHER CHECKLIST

Student: _____ Date: _____
 Date of birth: _____ School: _____
 Teacher filling out this form: _____

EDUCATION-RELATED GROSS MOTOR SKILLS	YES/NO	COMMENTS
Walks independently to all school destinations		
Participates in physical education		
Plays on playground equipment		
Enters and exits bus/van independently		
Physically able to sit appropriately in various settings		
Other gross motor concerns		

EDUCATION-RELATED FINE MOTOR SKILLS	YES/NO	COMMENTS
Uses pencils or crayons age-appropriately		
Cuts with scissors		
Manipulates school materials (age appropriately)		
Other fine motor concerns		
Independent bathroom skills		
Independent cafeteria skills		
Independent with all clothing		
Manages backpack, locker and cubby		
Other		

Answer Yes or No to each question about the student. If "No" is checked, it is likely that a therapy screen is appropriate. For gross motor concerns, consult the Physical Therapist. For fine motor, consult the Occupational Therapist.

For Therapist Use Only

Interventions given to teacher (circle one) Yes No	Date:
Comments:	
Follow-Up Date:	Results:
Screen warranted (circle one) Yes No Therapist's Signature _____	