PRESCHOOL FUNCTIONAL EDUCATION CHECKLIST

Student ________________________________ Date of Birth __________________________

School ________________________________ Teacher ______________________________

Preschool Attendance: AM PM (circle one) Student Age ____________________________

Therapist/Person Completing Form ________________________________________________

Date of Form Completion ________________________________________________________

I. Areas of Concern

___ Fine Motor ___ Gross Motor

___ Self-Care ___ Sensory-Motor

II. Areas of Qualification (Check the specific areas in which the child initially qualified as a preschooler with a disability)

___ Adaptive Behavior ___ Cognitive Ability

___ Communication ___ Gross/Fine Motor

___ Hearing Ability ___ Pre-academic Skills

___ Social/Emotional/Behavioral ___ Vision Ability

III. Specific Concerns (Please complete sections in specific areas of concern)

A. Hand Use/Fine Motor (please mark “Y” for yes or “N” for no)

___ 1. Does the child use a preferred hand? Which one?

___ 2a. Is the child able to isolate the index finger to point?

___ 2b. Is the child able to push down and activate a toy using the index finger?

___ 3a. When an object is placed in the child’s hand, will the child grasp the object?

___ 3b. When an object is presented, does the child pick it up and hold it?

___ 4. When the child picks up small objects, which of the following grasps are observed? (Please check)

      ___ Raking grasp (uses all fingers to rake objects into palm)
      ___ 3-finger grasp (grasp object with thumb and 1st and 2nd fingers)
      ___ 2-finger grasp (grasp object with thumb and index finger)

___ 5. Is the child able to release an object into a designated area?

___ 6. What is the smallest item the child is able to release (e.g., stuffed animal, block, cereal)?

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7. Is the child able to bring his/her hands together to play with an object or to clap?

8. When holding an object, will the child transfer it to the opposite hand?

9. Does the child use one hand to hold or stabilize an object while performing a task with the other hand (e.g., stirring, stringing beads, playing musical instruments, putting notebook into book bag, holding paper while cutting or writing)?

**B. Tool Use** (please mark “Y” for yes or “N” for no)

1. Does the child use a fisted grasp when holding a writing utensil?

2. Does the child use a 3-finger grasp (grasp with thumb & pad of index finger w/ utensil resting against side of middle finger)?

3. Does the child position scissors correctly in fingers?

**C. Visual-Motor** (please mark “Y” for yes or “N” for no)

1. Does the child visually attend to objects during interaction (e.g. cutting, prewriting tasks)?

2. Can the child complete a 3-shape form board?

3. Is the child able to copy the shapes listed below as commensurate with the child’s ages as stated on the Test of Visual-Motor Integration (Beery, 1997)?

<table>
<thead>
<tr>
<th>Shape</th>
<th>Chronological Age</th>
<th>Shape</th>
<th>Chronological Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertical line</td>
<td>2-10</td>
<td>Square</td>
<td>4-6</td>
</tr>
<tr>
<td>Horizontal line</td>
<td>3-0</td>
<td>Left diagonal line</td>
<td>4-7</td>
</tr>
<tr>
<td>Circle</td>
<td>3-0</td>
<td>X</td>
<td>4-11</td>
</tr>
<tr>
<td>Cross</td>
<td>4-1</td>
<td>Triangle</td>
<td>5-3</td>
</tr>
<tr>
<td>Right diagonal line</td>
<td>4-4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. When coloring: (Please include work sample)

   - The child makes random marks on the paper.
   - The child attempts to remain in defined area.
   - The child fills approximately ___ amount of the shape/area.

5a. Has printing students’ name been introduced in the classroom?

5b. Can the child independently trace the letters in his/her first name?

5c. Can the child independently print his/her name when given a model?

5d. Can the child independently print his/her name without a model?

6a. Can the child snip paper with scissors?

6b. Can the child cut a piece of 8 ½ x11” paper in half?

6c. Can the child cut on a straight line?

6d. Can the child cut out a circle?

6e. Can the child cut out a square?
D. Self-Care/Adaptive Behavior (please mark “Y” for yes or “N” for no)

___ 1. Is the child able to self-feed a variety of sizes of finger foods?
___ 2. Is the child able to use a spoon to self-feed?
___ 3. Can the child pour liquid from a pitcher without spilling?
___ 4. Is the child able to drink from a regular cup without spilling?
___ 5. Is the child able to place a cup on the table after drinking?
___ 6. Is the child able to suck from a straw?
___ 7. Is the child able to wash his/her hands? If “no” what steps can the child complete? ________________

___ 8. Is the child independent with toileting? If “no,” what steps can the child complete? ________________

___ 9. Is the child able to put on and take off a coat? What method is used for putting the coat on (e.g.,
   traditional method or flipover method)? ________________

___ 10. Is the child able to thread the zipper on a jacket and pull the zipper up and down?

___ 11. Is the child able to put on and take off and open and close a book bag?

___ 12. Is the child able to hang up a coat and book bag on a hook?

___ 13. Can the child put shoes on the correct feet?

E. Gross Motor (please mark “Y” for yes or “N” for no)

___ 1. Is the child able to sit and stand independently and unsupported?
___ 2a. Can the child stand on one foot?
___ 2b. Can the child jump up, clearing both feet off of the ground?
___ 2c. Can the child hop on one foot?
___ 3. Describe how the child walks up and down stairs: ________________
___ 4. Is the child able to keep up with peers when (please check):
   ___ Walking down the hall in line? ___ Walking up and down stairs?
___ 5. Is the child able to run?
___ 6. Is the child able to get on and off a riding toy?
___ 7. Is the child able to pedal a tricycle?
___ 8a. Can the child get in and out of a small chair?
___ 8b. Can the child push a chair toward and from the table?
___ 9. Can the child get up from and down onto the floor?
___ 10. Can the child manage self on different terrains (e.g., grass, gravel, carpet, going up a hill)?
___ 11. Can the child navigate around and over objects on the floor?
___ 12. Can the child maintain balance when challenged?
___ 13. Does the child trip or fall easily?
___ 14. Can the child access playground equipment that is appropriate for his/her size?
**E. Sensory-Motor** (please mark “Y” for yes or “N” for no)

--Tactile

___ 1. Can the child tolerate others in his or her personal space (e.g., during circle time, in line, free play)?

___ 2. Can the child tolerate a variety of textures on his/her hands (e.g., glue, finger paint, shaving cream, sand)?

___ 3. Does the child appear irritated by certain clothing textures (e.g., does the child itch/push-up sleeves)?

___ 4. Does the child resist having his/her face or hands washed?

___ 5. Does the child have specific and/or limited food preferences?

--Vestibular

___ 6. Does the child resist utilizing playground equipment? What type?

___ 7. Does the child appear fearful or cautious with movement (e.g., on steps, when climbing or walking)?

--Proprioceptive

___ 8. Is the child clumsy or awkward?

___ 9. Does the child display self-abusive or self-stimulatory behaviors (e.g., hitting self, head banging)? Describe:

___ 10. Does the child bump into objects?

___ 11. Is the child a messy eater?

--Auditory

___ 12. Does the child appear sensitive to sounds (e.g., loud toys, other children talking, school bell, fire alarms)?

___ 13. What does the child do to demonstrate that s/he is sensitive to sounds (e.g. cover ears)? Describe:

**F. Miscellaneous**

___ 1. Is the child able to follow 2-3 step directions?

___ 2. Does the child display a high level of activity?

___ 3. Is the child able to maintain the attention needed to complete a task?