SCHOOL AGE FUNCTIONAL EDUCATION CHECKLIST

Student Name ____________________________ Date of Birth _______________________

School ________________________________ Grade ________________________________

Teacher ________________________________ Date ________________________________

Person/ Therapist Completing Form _____________________________________________

I. Attention/Behavior/Motivation (please mark “Y” for yes or “N” for no)

Does student have difficulties with…

   ___ 1. Concentrating on and attending to classroom tasks?
   ___ 2. Actively participating in classroom activities?
   ___ 3. Following directions (single and multistep)?
   ___ 4. Initiating work after directions have been given?
   ___ 5. Completing tasks on time?
   ___ 6. Organizational skills, such as organizing desk, cubby, or locker?

Comments: ________________________________________________________________

II. Hand Use (please mark “Y” for yes or “N” for no)

Does student have difficulties with…

   ___ 1a. Using a consistent hand when completing activities?
   ___ 1b. Does student appear to be right-hand dominant or left-hand dominant? (circle one)
   ___ 2. Using classroom tools, such as scissors, when completing tasks?
   ___ 3. Using both hands together to complete a task, such as stabilizing paper while cutting or writing, zipping a coat, placing items in a book bag, or carrying items?
   ___ 4. Picking up/manipulating small objects, such as math cubes and other classroom manipulatives or food items?

Comments: ________________________________________________________________

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III. Visual–Motor Skills/Handwriting (please mark “Y” for yes or “N” for no)

Does student have difficulties with...

___ 1. Drawing prewriting shapes (e.g. vertical line, horizontal line, circle, cross, diagonal line, square, X, and triangle) needed for letter formation?

___ 2a. Forming uppercase and lowercase print letters or numbers when a model is provided?

___ 2b. Forming uppercase and lowercase print letters and numbers independently?

___ 3a. Forming cursive uppercase and lowercase letters when a model is provided (if applicable)?

___ 3b. Forming uppercase and lowercase letters in cursive independently (if applicable)?

___ 4. Keeping letters a consistent size when writing and keeping letters within the lines of grade-appropriate paper?

___ 5. Providing spaces between letters and words so that they are readable?

___ 6. Accurately copying information from the chalkboard to paper?

___ 7. Accurately copying information from a paper positioned on the student’s desk?

___ 8. Erasing information completely after making a mistake?

___ 9. Completing written work within a designated time frame?

___ 10. Writing so that it is readable by others?

___ 11. Effectively using a computer to complete written assignments?

Comments: ________________________________________________________________

IV. Self-Care Skills (please mark “Y” for yes or “N” for no)

Does student have difficulties with...

___ 1. Managing a coat (e.g., putting on or taking off, hanging up)?

___ 2. Putting items into or taking items out of a book bag?

___ 3. Putting supplies into or taking supplies out of desk or locker?

___ 4. Engaging zipper on a variety of jackets and zipping up jacket?

___ 5. Managing other fasteners, such as buttons, snaps, zippers, on clothing?

___ 6. Tying shoes?

___ 7. Blowing nose?

___ 8. Washing hands?

___ 9. Using restroom independently?
Comments: ________________________________

V. Eating Skills (please mark “Y” for yes or “N” for no)

Does student have difficulties with…

___ 1. Picking up and bringing finger foods to the mouth?
___ 2. Using utensils?
___ 3. Drinking from a cup?
___ 4. Drinking from a straw?
___ 5. Opening packages or containers?
___ 6. Opening milk cartons or juice boxes?

Comments: ________________________________

VI. Managing School Environment and Mobility (please mark “Y” for yes or “N” for no)

Does student have difficulties with…

___ 1. Drinking from a drinking fountain?
___ 2. Using a pencil sharpener?
___ 3. Managing a combination lock (if applicable) and opening a locker?
___ 4. Managing lunch money and a wallet?
___ 5. Carrying and placing food items on a lunch tray?
___ 6. Opening and closing classroom, bathroom, and building entry doors?
___ 7. Keeping up with peers when walking to desired location?
___ 8. Navigating around obstacles, (uneven sidewalks, curbs, or playground equipment) without falling?
___ 9. Managing stairs (if applicable)?
___ 10. Managing getting on and getting off the school bus?

Comments: ________________________________
VII. Gross Motor Skills (please mark "Y" for yes or "N" for no)

Does student have difficulties with…

___ 1. Sitting or standing unsupported independently?

___ 2. Completing simple gross motor tasks, such as jumping, hopping, running, and skipping?

___ 3. Walking or running without tripping or falling?

___ 4. Managing playground equipment?

___ 5. Using gross motor equipment, such as jump ropes, balls, bats, or racquets?

___ 6. Participating in group activities or games in physical education class?

Comments: ________________________________________________
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