

# 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 1<sup>st</sup> and 2<sup>nd</sup> 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)?

- \_\_\_ 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 fistful 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)?

Shape	Chronological Age	Shape	Chronological Age
___ ___ Vertical line	2-10	___ ___ Square	4-6
___ ___ Horizontal line	3-0	___ ___ Left diagonal line	4-7
___ ___ Circle	3-0	___ ___ X	4-11
___ ___ Cross	4-1	___ ___ Triangle	5-3
___ ___ Right diagonal line	4-4		

- \_\_\_ 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?