

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: _____

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: _____
