

GROSS MOTOR

LEFT ROM:	UE:	LE:	
RIGHT ROM:	UE:	LE:	
Tone:	High	Average	Low
Ball Skills:			
Recess Skills:			
Praxis and Motor Planning:			
Crossing Midline Observation:			
Reflex Integration:	Supine flexion	Prone extension	

HAND SKILLS

Arches: General Impressions: _____

Grasp: General Impressions: _____

Isolation	Left 1 2 3 4 5	Right 1 2 3 4 5	Shift	Left	Right
Translation	Left	Right	Rotation	Left	Right
Copy: — O []	Cutting: <input type="checkbox"/> Straight line <input type="checkbox"/> Curvy Line <input type="checkbox"/> ZigZag line <input type="checkbox"/> Square <input type="checkbox"/> Circle	Uppercase (circle incorrect) F E D P B R N M H K L U V W X Y Z C O Q G S A I T J	Lowercase (circle incorrect) c o s v w t a d g u i e l k y j p r n m h b f q x z		

SENSORY REGULATION

	Auditory	Vestibular	Proprioceptive	Olfactory	Tactile	Gustatory	Visual
Seeking: (under-responsive)							
Avoiding: (Over-responsive)							
Craving (unable to satiate)							

ADL

	Level of Assist:	Comments:			Level of Assist	Comments
Don Jacket				Unpacking		
Don Socks				Packing up		
Don Shoes				Community		
Shoe lace tying						
Buttons						
Zippers, snaps, buckles						
Wash hands						
Toileting						
Food Management						

VISION

Tracking	Scanning	Visual pursuit	Sight

RECCOMENDATIONS

Further evaluation: and Scores: <input type="checkbox"/> BOT <input type="checkbox"/> PDMS-2 <input type="checkbox"/> VMI <input type="checkbox"/> SPM <input type="checkbox"/> SP <input type="checkbox"/> Developmental optometrist <input type="checkbox"/> WOLD <input type="checkbox"/> Print Tool <input type="checkbox"/> Reflex Screen	Environmental: <input type="checkbox"/> Desk height <input type="checkbox"/> Table height <input type="checkbox"/> Lighting <input type="checkbox"/> Visuals:	Sensory: <input type="checkbox"/> Weight Vest <input type="checkbox"/> Huggy Vest <input type="checkbox"/> Spio suit <input type="checkbox"/> Sensory Diet <input type="checkbox"/> Earmuffs <input type="checkbox"/> Brushing Protocol <input type="checkbox"/> Chewlery	Handwriting <input type="checkbox"/> Paper size <input type="checkbox"/> Writing utensil <input type="checkbox"/> Slant board <input type="checkbox"/> Alphabet on desk <input type="checkbox"/> Near/far copy <input type="checkbox"/> HWT workbook
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ADDITIONAL INFORMATION

Therapist: _____

Date: _____