

**Licking County Educational Service Center Occupational Therapy Educational Assessment**

Student: _____	District/School: _____
Date of Birth _____	Teacher: _____
Date of Assessment: _____	Grade: _____
Therapist: _____	Age: _____

Reason for Referral: \_\_\_\_\_

**Handwriting Skills**

- \_\_\_ Demonstrates proper letter formation
  - \_\_\_ recalled from memory
  - \_\_\_ from a visual sample
  - \_\_\_ reversals noted
  - \_\_\_ irregular formation yet legible
- \_\_\_ Demonstrates proper number formation
  - \_\_\_ recalled from memory
  - \_\_\_ from a visual sample
  - \_\_\_ reversals noted
  - \_\_\_ irregular formation yet legible
- \_\_\_ Proper alignment
- \_\_\_ Proper size orientation according to the writing area
- \_\_\_ Proper spacing skills
- \_\_\_ Copies written work from board with ease

**Coloring Skills**

- Coloring within the boundaries: \_\_\_ Yes \_\_\_ No \_\_\_ % of an area (small, medium, large)
- Fills a specified area when coloring: \_\_\_ Yes \_\_\_ No \_\_\_ % of an area (small, medium, large)

**Prewriting Skills: Visual-Motor and Visual Perceptual Skills**

- \_\_\_ Traces lines with good accuracy
- \_\_\_ Copies the following basic lines and shapes
  - \_\_\_ vertical line
  - \_\_\_ horizontal line
  - \_\_\_ circle
  - \_\_\_ cross
  - \_\_\_ diagonal line
  - \_\_\_ square
  - \_\_\_ X
  - \_\_\_ triangle
- \_\_\_ Proper directionality skills
  - \_\_\_ right to left writing progression
  - \_\_\_ Demonstrates knowledge of directional terms (circle those that apply)
    - Up    Down    Right    Left    Over    Under    Top    Bottom    In front of    Behind
- \_\_\_ Proper Body Awareness

\_\_\_\_ Visual Tracking Intact

\_\_\_\_ Crosses Midline

### **Pencil Skills**

Hand Preference \_\_\_\_ Right \_\_\_\_ Left \_\_\_\_ Not demonstrating at this time

\_\_\_\_ Mature grasp (Dynamic Tripod Grasp)

OR: \_\_\_\_ Palmar Grasp \_\_\_\_ Quadraped \_\_\_\_ Digital Pronate Grasp \_\_\_\_ Extended Fingers

\_\_\_\_ Thumb extended over index finger \_\_\_\_ Thumb Tuck \_\_\_\_ Static Grasp \_\_\_\_ Web Space Closed

\_\_\_\_ Other (describe)

Fine Finger Movement while writing/coloring: \_\_\_\_ Yes \_\_\_\_ No

Uses non-dominant hand to stabilize paper: \_\_\_\_ Yes \_\_\_\_ No

Pressure: \_\_\_\_ Appropriate \_\_\_\_ Heavy \_\_\_\_ Light

### **Cutting Skills**

\_\_\_\_ Mature Grasp Pattern

OR \_\_\_\_ index finger also in handle \_\_\_\_ requires hand-over-hand assistance

\_\_\_\_ Uses non dominant hand to hold paper independently

\_\_\_\_ Uses non-dominant hand to turn paper independently

\_\_\_\_ Cuts on a \_\_\_\_ inch line \_\_\_\_\_% on the line

\_\_\_\_ Cuts a \_\_\_\_ inch circle \_\_\_\_\_% on the line

\_\_\_\_ Cuts a \_\_\_\_ inch square \_\_\_\_\_% on the line

### **Activities of Daily Living**

\_\_\_\_ Manages Coat independently

\_\_\_\_ Needs assistance: \_\_\_\_\_

\_\_\_\_ Eats independently

\_\_\_\_ Needs assistance: \_\_\_\_ open containers \_\_\_\_ use fork \_\_\_\_ use spoon \_\_\_\_ cut food with a knife

\_\_\_\_\_

\_\_\_\_ Manages fasteners independently

\_\_\_\_ Needs assistance: \_\_\_\_ buttons \_\_\_\_ zippers \_\_\_\_ snaps \_\_\_\_ tying shoes

\_\_\_\_\_

### Fine Motor Coordination Skills

\_\_\_ Uses two hands with one as dominant and one as a stabilizer

\_\_\_ demonstrates appropriate prehension grasp patterns (circle all that apply)

Neat Pincer grasp    Lateral Pincer Grasp    Inferior Pincer Grasp    Three-jaw chuck Grasp

\_\_\_ In- hand manipulation skills are present (translation, rotation, shift)

\_\_\_ Visually attends to fine motor tasks

\_\_\_ Imitates sequential finger sequences

Bilaterally \_\_\_ Yes \_\_\_ No

Bilaterally with eyes closed \_\_\_ Yes \_\_\_ No (Kinesthesia Skills)

### Gross Motor Coordination/Motor Planning Skills

Stands on One Foot with eyes opened

Stands on one foot with eyes closed (Kinesthesia skills)

Right \_\_\_\_\_ seconds

Right \_\_\_\_\_ Seconds

Left \_\_\_\_\_ seconds

Left \_\_\_\_\_ Seconds

\_\_\_ Kicks a ball    \_\_\_ Throws a Ball    \_\_\_ Catches a ball    \_\_\_ Hops on one foot

\_\_\_ Crosses Midline    \_\_\_ Performs coordinated jumping jacks

### Neuromuscular/Postural Control: Upper Extremities

Muscle Tone: \_\_\_ Functional    \_\_\_ Slightly Decreased    \_\_\_ Decreased    \_\_\_ Increased    \_\_\_ Fluctuating

Range of Motion:

Muscle Strength:

Shoulders: \_\_\_ R \_\_\_ L

Shoulders: \_\_\_ R \_\_\_ L

Elbows: \_\_\_ R \_\_\_ L

Elbows: \_\_\_ R \_\_\_ L

Wrists: \_\_\_ R \_\_\_ L

Wrists: \_\_\_ R \_\_\_ L

Fingers: \_\_\_ R \_\_\_ L

Fingers: \_\_\_ R \_\_\_ L

### Postural Control

Supine Flexion \_\_\_\_\_ seconds

Prone Extension \_\_\_\_\_ seconds

ATNR \_\_\_\_\_ integrated \_\_\_\_\_ not fully integrated

Pencil Pressure: Heavy / Light

Pencil grasp: absent web space / tightly held grasp / thumb overlap

Posture at desk: \_\_\_\_\_ feet flat on the floor  
\_\_\_\_\_ Shoulders Upright (no slouching)  
\_\_\_\_\_ Both arms moving freely (hand holding head up)

**Sensory Processing Skills**

\_\_\_\_ Appears to process sensory input from the environment with ease  
\_\_\_\_ Needs further standardized assessment

Teacher/Classroom/Clinical Observations: (Tactile, Vestibular, Proprioceptive, Auditory, Visual, Oral-Motor)

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**Behavioral/Social Skills**

\_\_\_\_ Little to No redirection during assessment period \_\_\_\_ Redirection was required frequently  
\_\_\_\_ Cooperative throughout assessment period \_\_\_\_ Transition Difficulties \_\_\_\_ Followed Verbal Directions

Teacher/Classroom/Clinical Observations:

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**Conclusion**

**Areas of concern within classroom/ functional performance:**

\_\_\_\_ Pre-Handwriting Skills \_\_\_\_ Pencil Skills \_\_\_\_ Handwriting \_\_\_\_ Cutting \_\_\_\_ Use of Classroom Tools  
\_\_\_\_ Clothes Fasteners \_\_\_\_ Activities of Daily Living \_\_\_\_ Organization \_\_\_\_ Attention \_\_\_\_ Transitioning  
\_\_\_\_ Sensory/Behavioral Concerns \_\_\_\_ Keyboarding Skills

**Underlying Areas of Concern:**

\_\_\_\_ Neuromuscular Functioning \_\_\_\_ Postural Control Skills \_\_\_\_\_ Fine Motor / Fine Motor Coordination Skills  
\_\_\_\_ Visual-Motor Skills \_\_\_\_ Visual Perceptual Skills \_\_\_\_ Sensory Processing Skills \_\_\_\_ Kinesthesia Skills  
\_\_\_\_ Motor Planning Skills \_\_\_\_ Bilateral Coordination Skills \_\_\_\_ Motivational Behavioral Concerns

**Occupational Therapy Services Recommended: \_\_\_\_ Yes \_\_\_\_ No**