

CLARK COUNTY SCHOOL DISTRICT MOTOR SCREENING

Student Name: _____ DOB: _____

Referring Teacher: _____ Grade: _____

This screening form MUST be completed and submitted with the prior to submitting a Special Education Referral.

GROSS MOTOR SKILLS

If you do not regularly observe the student perform gross motor activities, please ask the PE teacher to complete this section. If behavior has not been observed by an educator, mark Never.

Question	Always	Frequently	Occasionally	Seldom	Never
1. Seems weaker than other children the same age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Difficulty with hopping, jumping, running, or similar skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clumsy, or seems not to know how to move body, bumps into things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has trouble on the playground (can't climb equipment, falls, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Falls frequently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reluctant to participate in sports or physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has difficulty learning new gross motor tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Difficulty moving self on swing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Poor skills in rhythmic activities (music, gym),	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Immature movement up and down stairs (after age 5).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Gross Motor Skills:

FINE MOTOR SKILLS

*Please include **handwriting and cutting samples** representative of the student's typical performance. If behavior has not been observed by an educator, mark Never.*

Question	Always	Frequently	Occasionally	Seldom	Never
1. Avoids drawing, coloring, or writing tasks (circle which).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fails to hold paper stable while doing above activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Poor or awkward pencil grasp (finger position).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pencil lines are light, wobbly or too dark (circle which).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pencil grasp is too tight or too loose (circle which).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Shows inconsistent hand dominance (above age 6).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Difficulty in dressing; clothing off or on, buttons, zippers, tying shoes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Difficulty with non-writing tasks (building blocks, stringing beads, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Difficulty learning how to form letters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Difficulty coordinating eye movements for keeping place in reading, copying from board to desk (after age 7).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Fine Motor Skills:

THANK YOU for your input!