

# Motor - Additional Screening

MTR

Name \_\_\_\_\_ Completed by \_\_\_\_\_ Date \_\_\_\_\_

1	Strength, Endurance, Flexibility	<input type="checkbox"/> Unable to push or pull open a door, move a desk, carry multi-books <input type="checkbox"/> Unable to step up/down to get on/off bus <input type="checkbox"/> Unable to carry his/her lunch tray <input type="checkbox"/> Unable to tolerate entire school day of activities <input type="checkbox"/> Observed to have tightness in joints (unable to reach for feet) <input type="checkbox"/> Unable to keep up with peers cruising around campus, entire day <input type="checkbox"/>
2	Unmanageable balance	<input type="checkbox"/> Falls often, no less than three times a day, without cause <input type="checkbox"/> Because of concern of falling, will not climb play equipment <input type="checkbox"/>
3	Opposition of limbs	<input type="checkbox"/> Doesn't naturally move extremities in alternating pattern <input type="checkbox"/> One extremity (side) moves differently than the other <input type="checkbox"/>
4	Displaying ball skills	<input type="checkbox"/> Unable to catch or throw ball within age expected abilities <input type="checkbox"/> Unable to kick a rolled ball more than 3/5 trials <input type="checkbox"/> Cannot perform ball skills using both sides of body <input type="checkbox"/>
5	Crossing vertical mid line	<input type="checkbox"/> Does not reach, crossing right to left side, and reversed <input type="checkbox"/> Only uses one side of body <input type="checkbox"/> Does not understand high level prepositional skills (behind, over, under etc.) <input type="checkbox"/>
6	Body awareness	<input type="checkbox"/> Does not appear to understand, follow, or recognize body parts <input type="checkbox"/> Has limited control with rhythm of movement <input type="checkbox"/> Cannot perform push/pull or weighted activities <input type="checkbox"/> Poor directionality and/or posture <input type="checkbox"/>
7	Participation in motor/PE Activities	<input type="checkbox"/> Cannot follow peers in performing activities as requested <input type="checkbox"/> Is exempted/restricted from motor activities by physician <input type="checkbox"/> Because of ability or safety, all motor activities have to be modified <input type="checkbox"/> Does not understand/cannot perform simple game/group objectives <input type="checkbox"/>
8	Motor sequences	<input type="checkbox"/> Cannot follow a pattern of activities because of motor difficulty <input type="checkbox"/> Cannot manipulate PE equipment such as bats, rackets, etc. <input type="checkbox"/> Hand-eye / foot-eye coordination is below expectation <input type="checkbox"/>
9	Gross motor abilities	<input type="checkbox"/> <u>Is significantly</u> (compared to peers) below age expectations in: <input type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Jumping <input type="checkbox"/> Hopping <input type="checkbox"/> Skipping <input type="checkbox"/> Sliding <input type="checkbox"/> Bending <input type="checkbox"/> Twisting <input type="checkbox"/> Reaching <input type="checkbox"/> Raising <input type="checkbox"/> Turning <input type="checkbox"/> Lifting <input type="checkbox"/>

1 motor area delayed (2 or more checked in a section) **SBLC to consider referral to regular PE teacher**  
 2 or more areas delayed including #7 (2 or more ck'd in a section) **SBLC to consider referral to Adaptive PE teacher**  
 3 or more areas delayed (2 or more checked in each) **SBLC to consider referral to Physical Therapist**  
**\*\*\*If additional screening is needed by APE or OT, a parental permission statement should be written on PN1.\*\*\***

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