

Mercer County
Motor and Sensory Screening Form

Student's Name: _____ **Grade:** _____ **Teacher:** _____

Date of Birth: _____ **Age:** _____ **Gender:** _____ **Date of Screening:** _____

Teacher Planning Time: _____

Medical Diagnosis: _____

Visually Impaired: Yes No

Glasses: Yes No

Hearing Impaired: Yes No

Hearing Aids: Yes No

Relevant Medical History: _____

Reason for Screening: Fine-Motor Gross-Motor Self-Help Sensory-Motor
 Visual-Motor Writing Other: _____

Screening Requested By: Teacher Parent Other: _____

*DNO means did not observe	Yes	No	Varies	DNO	Comments
Fine Motor Observations: Skills functional					
Hand dominance established					
Bilateral coordination is adequate					
Grasp of objects is adequate					
Release of objects is adequate					
Difficulty opening containers					
Poor/hand or finger strength					
Complains of hand pain/tired when writing					
Poor pencil grip					
Scissor skills are adequate					

	Never Occurs	Sometimes Occurs	Vaires	DNO	Comments
Sensory Motor Observations:					
Doesn't like to touch certain substances (finger paint, glue, sand, clay, etc)					
Doesn't like to be touched or bumped					
Difficulty tolerating noises in classroom, Cafeteria, assemblies (puts hand on ears)					
Talks to loudly or makes excessive noises					
Does not respond to noises or sounds					
Touches things and/or others constantly					
Seems unaware of being touched/bumped					
Overly sensitive to light (squints)					
Becomes distracted by nearby visual stimuli					
Falls frequently					
Exhibits self-stimulating behaviors					
Clumsy, poor planning of movement					
Difficulty imitating movement activities (Simon Says, Circle Time activities)					
Difficulty running, jumping, hopping					

Difficulty with ball skills, catching, kicking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor sitting balance in chair or on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty on playground equipment (swings, slides, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears to be in constant motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chew on clothes or other non-food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Yes	No	Varies	DNO	Comments
Gross Motor Observations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maneuvers in school adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maneuvers on stairs adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in gym adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Help Observations:	Yes	No	Varies	DNO	Comments
Feeding skills are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing skills are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting skills are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can tie shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Sometimes	Always	DNO	Comments
Visual Motor Observations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Difficulty copying from the desk/ board					
Difficulty staying on the lines when writing					
Reversals in letters/ words that do not appear age appropriate					
Difficulty keeping place in reading					
Eyes appear to fatigue consistently during reading activities					
Poor legibility when writing					
ENVIRONMENTAL	Yes	No	Varies	DNO	Comments
Desk is appropriate height					
Chair is appropriate height (child's feet can touch the floor)					
Desk is facing chalkboard					
Work space is adequate for student's needs					
Work space is organized adequately					
Work materials are appropriately located					
	Yes	No	Varies	DNO	Comments
Noise level is appropriate					
Room has clearly defined traffic pathways					
All areas are easily accessible					
Lighting is appropriate					
Level of visual stimulation is appropriate					
Quiet spot is available					
	Never	Sometimes	Always	DNO	Comments
Classroom Behaviors:					
Attends to task appropriately					
Responds to verbal redirection					
Responds to physical redirection					

(tap on shoulder or gestures)					
Remains seated					
Begins task independently					
Completes task within time allowed					
Participates in task appropriately					
Follows directions appropriately					
Understands task requirements					
Interacts with teachers appropriately					
Interacts with students appropriately					
Follows classroom rules					
	Yes	No			Comments
Modifications					
Needs verbal cues					
Needs physical cues					
Needs one to one assistance					
Needs task modified					

Comments:
