

Gross Motor Skills

FOR KINDERGARTEN ONLY

To be completed by parent

Child's Name: _____

Date of Birth: _____

Please answer the following questions as a screening tool to assess how your child is performing with regards to age appropriate gross motor skills.

Circle: YES, NO or DON'T KNOW after each question.

If you have any concerns or comments please write them at the bottom of the page.

Can your child:

- | | | | |
|--|-----|----|------------|
| 1. Stand on one foot for 5 seconds? | YES | NO | DON'T KNOW |
| 2. Hop on one foot 3 times? | YES | NO | DON'T KNOW |
| 3. Walk downstairs alternating feet? | YES | NO | DON'T KNOW |
| 4. Catch a bounced playground ball? | YES | NO | DON'T KNOW |
| 5. Throw a small ball overhand? | YES | NO | DON'T KNOW |
| 6. Run well, changing directions and speeds? | YES | NO | DON'T KNOW |
| 7. Ride a bike with/without training wheels? | YES | NO | DON'T KNOW |
| 8. Begin to skip? | YES | NO | DON'T KNOW |
| 9. Kick a rolled ball? | YES | NO | DON'T KNOW |
| 10. Usually walk without slapping feet or on toes? | YES | NO | DON'T KNOW |

Comments: _____
