

Name:

Evaluation Date:

DOB:

Age (months and days):

Observation Day/Time:

Name/Contact Info of Family:

Education Setting (Preschool name/times/days):

Data Collection during Occupation-Based/Therapist Directed Activities-EI and Preschool

Foundations of Movement

Muscle Tone/Postural Control/Base of Support (during play, transitions, balance):

Range of motion:

Strength:

Motor control/coordination:

UE at Midline/Midline Crossing:

Lead-Assist (Bilateral Coordination):

Gross Motor

Walking/Navigating Environment:

Transitioning (floor, chair, standing):

Jump/Climb/Stairs/Catch Ball/ETC:

Fine Motor

Isolate finger:

Pincer/tripod grasp:

Simple Rotation (i.e. Twist top):

Translation:

Turn Pages in a Book (board book or paper):

Hand separation:

Wrist rotation:

Visual Motor

Ocular motor (tracking; saccades; convergence; divergence; head/eye dissociation):

Blocks (tower; wall; bridge; train; steps; pyramid):

Puzzles; Put-In Tasks (i.e. Shape Sorters):

Pre-Writing/Writing

Hand Preference:

Pencil Grasp:

Stabilizing paper with other hand:

Vertical line:

Horizontal line:

Circle:

Cross:

Face:

Person:

Copy/Write Name:

Diagonal line; X; Square; Triangle:

Cutting

Has the Child Had Exposure to Scissors:

Donning/doffing:

Open/Close scissors:

Stabilizing with other hand:

Ease of turning/stabilizing:

Line:

Curve; Circle; Square:



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