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| **Kindergarten Screener** |

**Student Demographic**

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| **Student Name:** | **Therapist:** |
| **Date:** | **Time Spent:** |
| **Grade/Age:** | **School/Teacher:** |
| **Glasses:** Yes \ No |  |
| **Precautions:** | |

**Grasp and Writing Skills**

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| **Utensil Grasp:** | | | | | **Hand Dominance:** Right \ Left \ Not established |
| **Name:** | Accuracy: | Reversals: | Level of Completion: | | **Comments:** |
| Formation:  Size:  Space:  Line adherence:  Total: | **%** | Yes \ No | Independent  Trace  Imitate  Copy | |  |
| **%** |  |
| **%** |  |
| **%** |  |
| **%** |  |
| **Lines/Shapes:** | Independent: | Trace: | Imitate: | Copy: | **Comments:** |
| Vertical Line: | Yes \ No | Yes \ No | Yes \ No | Yes \ No |  |
|  |
| Horizontal Line: | Yes \ No | Yes \ No | Yes \ No | Yes \ No |  |
| Diagonal Lines: | Yes \ No | Yes \ No | Yes \ No | Yes \ No |  |
| Cross: | Yes \ No | Yes \ No | Yes \ No | Yes \ No |  |
| Circle: | Yes \ No | Yes \ No | Yes \ No | Yes \ No |  |
| Square: | Yes \ No | Yes \ No | Yes \ No | Yes \ No |  |
|  |
| **UC Letters:** | Write \ Copy | Reversals: | **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z** | | |
| Formation:  Size:  Space:  Line adherence:  Total accuracy: | % | Yes \ No | **Comments:** | | |
| % |  | | |
| % |  | | |
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| % |  | | |
| **LC Letters:** | Write \ Copy | Reversals: | **a b c d e f g h i j k l m n o p q r s t u v w x y z** | | |
| Formation:  Size:  Space:  Line adherence:  Total accuracy: | % | Yes \ No | **Comments:** | | |
| % |  | | |
| % |  | | |
| % |  | | |
| % |  | | |
| **Numbers:** |  | Reversals: | **1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20** | | |
| Formation:  Size:  Space:  Line adherence:  Total accuracy: | % | Yes \ No | **Comments:** | | |
| % |  | | |
| % |  | | |
| % |  | | |
| % |  | | |

**Classroom Skills**

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| **Coloring Skills:** | | | | | **Comments:** | | | | | | | |
| Grasp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deviations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coverage \ Detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | | | | | | |
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| **Drawing Skills:** | | | | | **Comments:** | | | | | | | |
| Able to draw a person: | | Yes \ No | | |  | | | | | | | |
|  | | | | | | | |
| Able to imitate drawing a person: | | Yes \ No | | |  | | | | | | | |
| Able to copy a drawing of a person: | | Yes \ No | | |  | | | | | | | |
| **Level of Detail:**  Head Ears Fingers  Eyes Hair Legs  Nose Arms Feet  Mouth Hands Toes | |  | | |  | | | | | | | |
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| **Scissor Skills:** | | | | | | | | | | | | |
| Type of Scissors: | Push-down tabletop scissors | | Double loop training scissors | Loop scissors | | | | Spring-loaded scissors | | | Standard fiskars | |
| Level of Set-up: | Independent | | Hand over Hand | MIN Assist | | | | MOD Assist | | | MAX Assist | |
| Re-positions: | Yes \ No | | **Comments:** | | | | | | | | | |
| Helper hand engagement: | Yes \ No | |  | | | | | | | | | |
| Forward advancements: | Yes \ No | |  | | | | | | | | | |
| Paper Management: | Yes \ No | |  | | | | | | | | | |
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| Cutting Skill: | Snips | | Straight | | | Curvy | Zig zag | | Circle | Square | | Triangle |
| Types of Cuts: | Choppy \ inconsistent | | Smooth \ successive | | |  | | | | | | |

**Dressing and Self-Care**

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| **Dressing Skills:** Level of Assist: **Comments:** | | | |
| Donn coat: | Yes \ No |  |  |
| Doff coat: | Yes \ No |  |  |
| Donn shoes: | Yes \ No |  |  |
| Doff shoes: | Yes \ No |  |  |
| Button: | Yes \ No |  |  |
| Zip: | Yes \ No |  |  |
| Snap: | Yes \ No |  |  |
| Lace: | Yes \ No |  |  |
|  |  |  |  |
| **Classroom Routine:** |  | Level of Assist: | **Comments:** |
| Hang up coat \ backpack: | Yes \ No |  |  |
| Remove items from backpack: | Yes \ No |  |  |
| Follow classroom schedule: | Yes \ No |  |  |
| Transfer to \ from chair \ floor: | Yes \ No |  |  |
| Participate/appropriate behavior: | Yes \ No |  |  |
|  |  |  |  |
| **Meal \ Snack Time:** |  | Level of Assist: | **Comments:** |
| Wash \ dry hands: | Yes \ No |  |  |
| Open packages: | Yes \ No |  |  |
| Chews appropriately: | Yes \ No |  |  |
| Uses napkins: | Yes \ No |  |  |
| Drinks independently: | Yes \ No |  |  |
| Clean up after meal \ snack: | Yes \ No |  |  |

**Visual Perceptual Skills**

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|  | Activity: | Level of Assist: |
| Visual discrimination: recognizes similarities and differences |  |  |
| Visual closure: recognizes objects even when only partially visible |  |  |
| Visual memory: recalls what eye has seen |  |  |
| Visual sequential memory: recalls sequence of objects in correct order |  |  |
| Visual spatial relationship: recognizes object relationships to each other and one’s self |  |  |
| Visual motor: interprets visual information and responds with a motor action |  |  |
| Visual tracking: controlled eye movements (Left to Right and Up and Down) |  |  |
| Figure ground: filters irrelevant visual information |  |  |
| Form constancy: forms are the same in different environments |  |  |
| **Comments:** | | |
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**Sensory Processing Skills**

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|  |  | **Comments:** |
| Tolerates touching various textures: | Yes \ No |  |
| Determines differences in tactile input: | Yes \ No |  |
| Tolerates hands on prompt if needed: | Yes \ No |  |
| Maintains personal space: | Yes \ No |  |
| Uses appropriate pressure during play: | Yes \ No |  |
| Tolerates visual input: | Yes \ No |  |
| Displays appropriate level of sensory arousal: | Yes \ No |  |
| Body awareness: | Yes \ No |  |
| Motor planning: | Yes \ No |  |
| Transitions easily: | Yes \ No |  |

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| **Additional Notes/Observation:** |
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