

Livingston County
AT/Motor Screening Checklist

Name: _____ Date of Birth: _____

Person Completing Form: _____

Directions: Indicate a response for each question/area of concern

PHYSICAL FUNCTIONING/MOTOR ABILITIES

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student sit upright while completing tasks at his desk (e.g., not slouched, resting head on desk or hand, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student maintain an appropriate posture while seated and actively engaged in a motor task (e.g., keyboarding, cutting)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student participate in playing and running activities without atypical body postures? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student sit on floor without assuming unusual postures? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the student have the motor skills necessary to get to/from school and/or get around within the school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student participate in physical activities (structured or independent) and navigate within the classroom without tripping or stumbling? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the student climb and descend stairs independently? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the student able to open heavy doors independently? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the student able to maintain balance while performing an activity (e.g., putting on boots, getting up from floor)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student carry objects while walking independently? |

Comments: _____

FINE MOTOR SKILLS

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student cut and/or handle scissors independently? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student use writing utensils (e.g., markers, paintbrush, pencil, crayons) independently? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student copy materials from a book? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student copy materials from a board? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student tie shoes, button, snap, and/or use zippers independently? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student turn doorknobs or handles, water faucets, pages in a book, and use manipulatives? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student use a keyboard appropriately? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the student draw, form letters, stay on the line, and/or trace? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the student able to isolate a finger to point? |

Comments: _____

COMMUNICATION FUNCTIONING

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the student speak to communicate? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are others in the school environment able to understand the student's speech? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the student respond appropriately to speech and noises in the environment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the student attempt to communicate spontaneously? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the student initiate conversation? With |
| <input type="checkbox"/> | <input type="checkbox"/> | whom? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the student's speech typically a prompted response? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do family, relatives, and friends understand the student's speech? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do strangers understand the student's speech? |

Check the student's highest level of understanding:

- Does not understand spoken words
- Understands single words
- Understands simple sentences
- Understands two and three step commands
- Understands conversation

Check all means of communication used by the student:

- Speech
- Vocalizations
- Manual signing American Sign Language Exact Sign Language
- Bodily gestures
- Facial expressions
- Eye pointing
- Spoken "yes/no"
- Gestural "yes/no"

If the student is not understood, is (s)he:

- Quickly discouraged?
- Frustrated?
- Persistent?
- Apathetic?

Approximately how many words are in the student's average message?

- One word
- Two to three words
- Four to five words
- Five or more words

Comments: _____

AIDED COMMUNICATION

- Yes No
 Does the student rely on the use of a picture board or electronic device for communication? If no, skip to the HEARING section.
 Is the communication system effective?

Check the type of aided communication system currently being used by the student.

- Communication board
- Picture Exchange Communication System (PECS)
- Dynavox
- Other (specify)

How are the vocabulary items represented on the student's present communication board/device?

- Photographs
- Line drawings
- Color pictures
- Picture communication symbols
- Letters
- Core picture vocabulary
- Object/tactile symbols
- Pic symbols

What is the approximate size of the pictures? _____

What is the approximate number of vocabulary items used? _____

What is the size of the array displayed on the device/board? _____

Does the student primarily use the device/board:

- Spontaneously
- With prompting

HEARING

- Yes No
 Can the student localize sound?
 Is the student startled by auditory stimuli?
 Is the student confused by a lot of auditory stimuli?
 Can the student hear stimuli on a computer?
 Can the student attend to auditory stimuli on a computer?
 Can the student ignore extraneous auditory stimuli?

Comments: _____

VISION

- Yes No
 Does the student have documented vision deficits that are a medical concern?
 Can the student maintain eye contact?
 Can the student see colors, shapes, and light?
 Can the student see movement?
 Can the student see words and objects on a computer screen?
 Is the student confused by a lot of visual stimuli?
 Can the student attend to important visual stimuli?
 Can the student ignore extraneous visual stimuli?
 Can the student visually track an object?
 Is the student able to see printed materials presented in the classroom?
 Is the student able to see toys/objects in the classroom environment?
 Is the student able to transfer information from a book, chart, and/or chalkboard to paper?

Comments: _____

COGNITIVE SKILLS

- Yes No
 Can the student demonstrate functional use, that is, play with objects in the way that they are typically used (e.g., hold a toy telephone up to his/her ear, use a comb for combing hair, etc.)?
 Can the student demonstrate an understanding of cause and effect relationships?
 Can the student match objects to objects, objects to pictures, etc?
 Can the student identify objects or pictures?
 Can the student categorize?
 Can the student sequence?
 Can the student associate (object-function relationships, etc.)?
 Can the student imitate?
 Can the student follow simple commands?
 Can the student sit quietly and concentrate on a task for more than 10 minutes?
 Can the student concentrate in a distracting environment?
 Can the student carry out tasks of two or more steps?

Comments: _____

ACADEMIC FUNCTIONING

Yes No

- Does the student understand basic cause/effect?
- Does the student exhibit choice making skills?
- Does the student have the attention span needed to handle school/daily living tasks?
- Does the student have the sequencing skills necessary to accomplish school/daily living tasks?
- Does the student have the memory and problem solving skills necessary to accomplish school/daily living tasks?
- Can the student visually track along a line of print?
- Can the student read texts independently?
- Can the student write legibly at a reasonable rate in a reasonable time?
- Can the student write legibly?
- Can the student accomplish written tasks?
- Can the student spell enough of the words needed to communicate in written form?
- Can the student perform math tasks needed for school or for daily living?
- Can the student take notes at the level needed in school and/or in daily living?

Comments:

RECREATION AND LEISURE

Yes No

- Is the student able to use the playground equipment independently?
- Is the student able to participate in group recreational activities, such as sports and group games?
- Is the student able to take part in activities requiring fine motor skills, such as board games, art, etc.?
- Is the student able to participate in extracurricular activities, such as clubs?

Comments:

VOCATIONAL FUNCTIONING

Yes No

- Can the student access/participate in vocational or job activities?
- Is the student able to maintain a physical position for extended periods of time?
- Can the student use a computer without modifications?
- Can the student hold the phone and dial independently?
- Is the student able to access everything at a job site (e.g., desk, bathroom, etc.)?

Comments:

GENERAL HEALTH

Yes No

- Does the student breathe without difficulty?
- Does the student demonstrate sufficient stamina to maintain academic involvement throughout the school day?
- Is the student able to utilize doors, stairs, lockers, etc. within the school environment independently?
- Is the student able to maintain focus and engagement with the academic material presented?
- Does the student demonstrate physical strength needed to participate in school activities?
- Is the student's health condition adequate for satisfactory school performance?
- Is the student's physical/medical condition stable?

Comments:

ADAPTIVE SKILLS

Yes No

- Can the student feed himself/herself?
- Can the student dress himself/herself?
- Can the student toilet himself/herself?
- Can the student independently use various clothing fasteners?
- Can the student organize and maintain his/her school supplies and materials?
- Is the student able to participate in school lunch independently?
- Can the student maintain personal hygiene necessary for social acceptance?
- Is the student able to use restrooms independently?

Comments:

Please list the student's interests and hobbies:

What are the student's favorite activities and toys?

Other concerns: