

**Boone Clinton Joint Services**  
**Occupational Therapy**  
**Functional Fine Motor Skills Screener**

**FORM COMPLETED BY:**

Student:	Age:	Date:
School:	Teacher:	Room #:

ACCORDING TO THE MOST RECENT EVALUATION(S), THIS STUDENT FUNCTIONS AT THE FOLLOWING AGE LEVELS:  
 Communication Age: \_\_\_\_\_ Daily Living Skills Age: \_\_\_\_\_ Visual-Motor Skills Age: \_\_\_\_\_  
 Social Skills Age: \_\_\_\_\_ Motor Skills Age: \_\_\_\_\_

<u>SCHOOL ACTIVITY</u>	<u>INDEPENDENT</u>	<u>DEPENDENT</u>	<u>TEACHER COMMENTS</u>
<b>Bathroom Skills</b>			
Washing Hands			
Getting on & off toilet			
Pulling up clothes			
Fastening clothes			
<b>Dressing Skills</b>			
Coat on and off			
Shoes on and off			
Outerwear on and off			
<b>Lunchroom Skills</b>			
Carries tray			
Opens food packages			
Orders food			
Gives appropriate code, pays or shows I.D. card			
Uses utensils appropriately			
Chews and swallows			
Drinks with straw			
Drinks from cup			
<b>Accessibility</b>			
Opens doors			
Uses doorknob			
Uses playground equipment			

Sits securely on bus			
Sits in classroom chair			
Maintains upright posture when sitting at a desk			
Drinks from water fountain			
<b>Handwriting</b>			
Demonstrates dominant hand			
Holds writing instrument			
Willing to hold writing instrument			
Holds paper in place using non-writing hand			
Knows letters of alphabet			
Knows numbers			
Writes first name legibly			
Writes last name legibly			
Writes alphabet legibly			
Writes whole words legibly			
Writes numbers legibly			
Applies pressure appropriately when writing			
Sizes letters appropriately when writing			
Spaces letters appropriately			
<b>Cutting Skills</b>			
Uses regular scissors			
Able to snip paper			
Able to cut on a line			
Able to cut out a shape			

Attach additional comments and/or writing samples as needed.