# Occupational Therapy Checklist: Does my child need OT?

If your child is exhibiting 3 or more of these characteristics, OT interventions may be helpful.

### Infant/Toddler

☐ Low muscle tone; seems weak or floppy
☐ Difficulty self-calming, unusually fussy
☐ Unable to bring hands together and bang toys or bring
toys to mouth
☐ Does not roll over (7 months), sit unsupported (10
months), pull to stand (12 months), or walk (18 months)
□ Not self-feeding finger foods by 14 months
☐ Failure to explore, or consistently uses only one hand
☐ Cries or becomes tense when lifted/carried
☐ Frequent fisting of hands after 6 months
☐ Difficulty tolerating a prone (on stomach) position
Does not play purposefully with age-appropriate toys
☐ Dislikes being held, cuddled, or touched
☐ Difficulty drinking from a bottle or eating solid foods
☐ Overly active, seeks excessive movement via rocking,
jumping, or climbing
☐ Unable to settle down, sleep difficulties
☐ Not making eye contact
☐ Has a known medical diagnosis such as Down
Syndrome, Cerebral Palsy, a brachial plexus injury, or
premature birth.



#### Preschooler

☐ Says "I can't" or "I	won't" to age-appropriate play or self-
care activities	
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Low muscle tone; seems weak or floppy

☐ Clumsy, falls frequently
☐ Bumps into furniture or people, has trouble judging body in relation to space around her

☐ Overly fearful of jumping, swings, or having feet off the ground

☐ Dislikes coloring in lines, playing with fine motor toys, or cutting with scissors

☐ Does not color a picture, complete a simple inset puzzle, or attempt to imitate lines and circles

☐ Difficulty coordinating hands for effective toy play such as stacking blocks or stringing beads

☐ Delayed language development

☐ Avoids eye contact and does not interact with peers

☐ Frequent drooling, or mouth is always open

☐ Overly active, unable to slow down, moves quickly from one toy to another

☐ Difficulty focusing attention, or over-focused and unable to shift to a new task

☐ Fixates on objects that spin or turn, becomes upset when repetitive play is disrupted

☐ Over-reacts to touch, taste, sounds, odors

☐ Avoids playground activities

☐ Unable to settle down, sleep difficulties

☐ Unusually upset with changes in routine

 $\square$  Needs more practice than other children to learn new skills

☐ Has a known medical diagnosis such as Down Syndrome, Autism Spectrum Disorder, or Cerebral Palsy.

## Occupational therapy

begins with a child-specific evaluation based on parent/teacher concerns, and typically includes interview, standardized assessment, and play-based assessment to determine a child's needs. For the most part, OT should look like play! Occupational therapists are skilled at constructing "just-right challenges" to build on a child's strengths, creating opportunities for success to boost self-esteem while gently facilitating progressive skill development. There is an emphasis on family & team consultation to provide daily interventions that maximize the child's development & participation.



# School-Age Child

☐ Needs more practice than peers to learn new skills
☐ Low muscle tone; tends to lean on arms or slump
☐ Dislikes handwriting, tires quickly during written work
☐ Overly fearful of jumping, swings, or having feet off the
ground
☐ Writes with unusually light or heavy pressure on a pencil
☐ Poor or awkward pencil grasp
☐ Reverses letters such as b and d; unable to space letters
on the line
☐ Inaccurately copies letters or designs
☐ Difficulty using a computer
☐ Overly active, unable to slow down
☐ Difficulty focusing attention, or over-focused and unable
to shift to a new task
☐ Over-reacts to touch, taste, sounds, odors
Poor self-esteem lock of confidence

☐ Avoids physical education or sports

☐ Uncoordinated scissor skills

Requires extra time or effort for clothing fasteners or shoe-tying

Difficulty paying attention or following instructions

☐ Difficulty following several step instructions for new physical tasks

☐ Has a known medical diagnosis such as Down Syndrome, Autism Spectrum Disorder, ADHD, or Cerebral Palsy; or has an Individualized Education Plan at school.