

Fine Motor Skills Screening Checklist

Child Information

Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Date of Screening:	<input type="text"/>
Screened by:	<input type="text"/>

Fine Motor Skill Items

Skill	Yes	No	Notes
Can pick up small objects using thumb and index finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Uses both hands together during activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Can copy simple lines and shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Can button/unbutton clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Can use scissors to cut along a line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Can hold and use crayons/pencils appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Can stack small blocks (at least 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Can thread large beads onto a string	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Comments / Recommendations