

# Toddler Gross Motor Skills Assessment

Child Name

Date of Birth

Assessment Date

Assessor

## Gross Motor Skills Checklist

Skill	Observed	Comments
Walks independently	<input type="text"/>	<input type="text"/>
Runs	<input type="text"/>	<input type="text"/>
Jumps with both feet	<input type="text"/>	<input type="text"/>
Kicks a ball	<input type="text"/>	<input type="text"/>
Climbs stairs (with/without help)	<input type="text"/>	<input type="text"/>
Throws a ball	<input type="text"/>	<input type="text"/>
Stands on one foot briefly	<input type="text"/>	<input type="text"/>

Additional Notes