

Pediatric Gross Motor Skills Evaluation

Child Information

Name

Age

Date of Assessment

Evaluator

Observations

General Appearance & Behavior

Gross Motor Skills Checklist

Skill Area	Observed	Comments
Head Control	<input type="checkbox"/>	<input type="text"/>
Rolling Over	<input type="checkbox"/>	<input type="text"/>
Sitting (unsupported)	<input type="checkbox"/>	<input type="text"/>
Crawling	<input type="checkbox"/>	<input type="text"/>
Standing	<input type="checkbox"/>	<input type="text"/>
Walking	<input type="checkbox"/>	<input type="text"/>

Running	<input type="checkbox"/>	<input type="text"/>
Jumping	<input type="checkbox"/>	<input type="text"/>
Stair Climbing	<input type="checkbox"/>	<input type="text"/>
Throwing/Catching	<input type="checkbox"/>	<input type="text"/>

Additional Notes

Recommendations