

Anne Arundel County Public Schools School Occupational and Physical Therapy Program

Preschool Functional Inventory

Student _____ DOB _____

School _____ Date _____ Therapist _____

Mobility Issues	Yes	No	Describe
Moves self around classroom, avoiding obstacles			
Moves self within building			
Remains in line with peers			
Picks up objects from floor			
Open/closes door (specify type of door, weight of door)			
Transitions to/from floor			
Transfers in/out of low adult chair			
Transitions indoor surfaces			
Transitions outside surfaces			
Sits unsupported on chair or bench			
Sits unsupported on the floor			
Ascends stairs			
Descends stairs			
Negotiates curbs			
Negotiates inclines and/or ramps			
Uses playground equipment Low/high/moving			
Keeps pace /adjusts to pace of peers while moving in a classroom or hallway			
Able to carry classroom materials place to place within classroom			
Able to sequence motor components to achieve a motor goal			

Feeding/Eating Issues	Yes	No	Describe
Finger feeds			
Drinks from cup			
Drinks from straw			
Uses napkin			
Scoops with a spoon and bring to mouth spoon			
Manages all textures of table food safely			
Manages thin liquids safely			

Student _____ DOB _____

School _____ Date _____ Therapist _____

Self-Care Issues	Yes	No	Describe
Potty trained/ diapered			
Gets on & off low/adult toilet			
Sits unsupported on potty			
Washes & dries hands thoroughly			
Takes clothes/underclothes up/down			
Gets outer clothes on/off			
Zippers/unzips			
Snaps/unsnaps			
Buttons/unbuttons			
Gets shoes on/off			

Classroom Readiness Issues	Yes	No	Describe
Handles manipulatives/toys			
Handles scissors/paper			

Classroom Readiness Issues (cont.)	Yes	No	Describe
Sustains attention to complete a fine motor task			
Handles paste/glue			
Traces simple shapes			
Colors within designated area			
Crosses midline			
Has prewriting strokes			
Stabilizes paper			
Turns pages of books			
Draws recognizable picture			
Has established hand dominance Right/left			
Manipulates a simple puzzle			
Is able to sequence motor components to achieve a motor goal			

Student _____ DOB _____

School _____ Date _____ Therapist _____

General Comments:

Fine Motor Issues -

Sensory Behaviors -

Positioning Considerations –

Field trip/Evacuation Considerations -

Student _____ DOB _____

School _____ Date _____ Therapist _____

Preschool Gross Motor Inventory

Dynamic Skills

Walking	Yes	No	Describe
On toes			
On heels			
Runs, keeps pace with peers			
Backward at least 3-5 steps			
Sideways			
Has appropriate gait pattern			
On a balance beam			
On a line/circle			
Steps over 4" obstacles			
Walks/stops/changes directions			
Gallops			
Hops on preferred foot at least once			
Is able to stand on one leg up to 5 sec.			

Jumping	Yes	No	Describe
Jumps vertically with both feet			
Down from height with both feet			
Jumps forward (broad jump) w/feet together			

Propulsion	Yes	No	Describe
Catch a large ball/small ball			
Throw overhand/underhand			

Kicking	Yes	No	Describe
Stationary ball			
Rolling ball			

Student _____ DOB _____

School _____ Date _____ Therapist _____

General comments

Gross motor:

References:

Brigance, A. (1978) The Inventory of Early Development, Birth to Seven. Curriculum Associates, Inc. Department of Health/Anne Arundel County Public Schools. School OT/PT Program. Preschool Functional Inventory (1998)

Florida Department of Education. (1997) Occupational and Physical Therapy Evaluations of functional Skills in the Educational Environment.

Haley, S., Coster, W., Ludlow, L., Haltiwanger, J., & Andrellos, P. (1992) Pediatric Evaluation of Disability Inventory, Version 1.0.