

FUNCTIONAL PERFORMANCE ASSESSMENT - OCCUPATIONAL THERAPY

TEACHER SECTION

Student: _____ DOB: _____ Date: _____

Form Completed By: _____ School: _____

For each question below, place a \checkmark in the appropriate box. If the child performs the task, but takes too much time, place a "T" under "YES".

WRITTEN WORK	YES	NO	N/A	Teacher's Comments on Student's Problems
Pencil grasp: Awkward/Poor				
Pencil pressure: Lines too dark/light				
Written work unorganized				
Student scribbles spontaneously				
Student imitates scribble				
Can imitate or copy a: Vertical line				
horizontal line, cross (+)				
Can imitate or copy a: Circle, square, right/left diagonal (/ \)				
Difficulty with recall of letters/numbers				
Difficulty with reversals of letters/numbers				
Difficulty with omission/out of sequence of letters/numbers				
Inconsistent letter/word placements on line				
Inconsistent letter/word sizing and spacing				
Difficulty with name: Imitating, tracing, copying				

Hand dominance: _____ Left _____ Right _____ Alternates

SCISSORING	YES	NO	N/A	Teacher's Comments on Student's Problems
Places scissors correctly on fingers				
Can they open and shut appropriately				
Can snip paper				
Cuts 3-4 inch strip along stimulus line				
Cuts on curved paths turning paper with assistor hand				
Cuts on stimulus line with irregular turns				
Cuts out simple figures (circle, square, triangle)				
Cuts out complex figures (ghost, house, fish)				

Cutting technique: _____ Snip _____ Smooth cutting _____ Jagged cutting

CLASSROOM BACKGROUND INFORMATION	YES	NO	N/A
Personal Aide			
Follows directions: 1 step, 2 step and/or 3 step			
Difficulty manipulating classroom objects (rubber bands, paper clips, turning pages, books)			
Sits independently			
Writes more legibly when given more time			

Adaptive equipment: If yes, please explain: _____

COMMENTS: _____
