

**MCDOWELL COUNTY PUBLIC SCHOOLS  
MOTOR SCREENING TOOL**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Person Completing Form:** \_\_\_\_\_ **Date(s) Completed:** \_\_\_\_\_  
**Exceptionality:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

<b>Mobility/Safety Throughout School Environment:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Can safely move throughout school environment (walking/wheelchair)				
Can safely move thru crowded hallway				
Can safely negotiate stairs and ramps				
Can open and close doors and walk/move through them				
Can safely maneuver between all work stations, desk and floor				
Can safely walk up and down the bus steps				
Can safely negotiate uneven surfaces when walking or in a wheelchair				
Can safely sit upright at all work stations and access class work				
Can safely play on playground equipment				
<b>Handling School-Related Materials and Tools/Personal Care activities :</b>				
Can go thru cafeteria line and manage tray				
Can use utensils at mealtime				
Can manage backpack				
Can handle tools, such as: pencil, scissors, ruler, glue stick, keyboard, mouse, etc.				
Can handle materials, such as math manipulatives, classroom materials, etc.				
Can manage clothing at school				
Can safely sit or stand at toilet				
Can wash hands				
Can perform personal hygiene				

<b>Transfers:</b>				
Can move from standing to the floor and back				
Can get in and out of different seating throughout the day (cafeteria, computer lab, classroom, bathroom)				
<b>Other:</b>				
Appears stiff and awkward in movements				
Falls, trips or bumps on things frequently				
Any other concerns related to this student's motor skills at school that is not indicated on the form				

**COMMENTS:** \_\_\_\_\_

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