



## Occupational Therapy Development Checklist (1-2 Years)

**Instructions:** Answer all questions up to your child’s current age bracket by answering ‘Yes’ on ‘No’.

**Interpretation:** If you check 2 or more boxes within each domain with a ‘Yes’ contact Moving Mountains Therapy Center at 406-396-4130 phone as your child may benefit from further evaluation.

Does your child have **difficulty** with:

Fine Motor	YES	NO
Building a tower of three small blocks.		
Bringing a spoon to mouth.		
Holding and drinking from cup independently.		
Putting shapes into a shape sorter without assistance.		
Play and Social	YES	NO
Establishing eye contact (for a few seconds).		
Laughing in response to play		
Clapping when prompted.		
Identifying self in mirror.		
Gross Motor	YES	NO
Transitioning into different positions (e.g. sitting, all fours, lying on tummy).		
Pulling self into standing position.		
Walking while holding a toy.		
Rolling a ball in imitation of an adult.		
Sensory Processing	YES	NO
Understanding common dangers of hot objects, stairs, glass.		
Enjoying/tolerating messy play.		
Tolerating a range of different textured foods.		

Settling themselves to sleep at night or during the day.		
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If you are concerned, please contact us to schedule an evaluation to assess need for Occupational Therapy services.

**Moving Mountains Therapy Center**  
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This checklist was designed to serve as a functional *screening* of developmental skills per age group. It does *not* constitute an assessment nor reflect strictly standardized research.