



Occupational Therapy Development Checklist (2-3 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
Stringing 3-4 large beads.		
Making snips with scissors.		
Holding a crayon with thumb and fingers.		
Eating without assistance.		
Play and Social	YES	NO
Verbalizing their desires/feelings (e.g. ‘I want a drink’).		
Treating dolls or teddies as if they are alive.		
Playing beside other children.		
Engaging in play themes which reflect less frequently experienced life events (e.g. visiting the doctor)		
Gross Motor	YES	NO
Walking smoothly and turning corners.		
Climbing onto/down from furniture without assistance.		
Walking up and down steps (with support).		
Picking up toys from the floor without falling over.		
Sensory Processing	YES	NO
Using toilet with assistance and having daytime control.		
Understanding common dangers of hot objects, stairs, glass.		
Expressing emotions.		

Pointing to 5-6 parts of a doll when asked.		
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If you are concerned, please contact us to schedule an evaluation to assess need for Occupational Therapy services.

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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.