



Occupational Therapy Development Checklist (4-5 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
Cutting along a line continuously.		
Coordinating hands to brush teeth or hair.		
Tracing on a line with control.		
Copying simple pictures using geometric shapes.		
Play and Social	YES	NO
Taking turns with other children.		
Playing with other children with shared aims within play.		
Playing imaginatively for instance playing in the home-corner, dressing up and cooking.		
Engaging in games with simple rules (e.g. hide and seek).		
Gross Motor	YES	NO
Standing on one foot for up to 5 seconds.		
Imitating simple bilateral movements of limbs (e.g. arms up together).		
Walking up and down stairs with alternating feet.		
Pedaling a tricycle.		
Sensory Processing	YES	NO
Sitting to pay attention e.g. mat time.		
Dressing self independently.		
Feeding self without difficulty.		

Playing with 4 or 5 children in a group.		
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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.