



Occupational Therapy Development Checklist (6-12 Months)

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
Reaching and grasping to put objects in mouth.		
Demonstrating controlled release of objects.		
Picking up small objects with thumb and one finger.		
Transferring objects from one hand to the other.		
Play and Social	YES	NO
Clapping when prompted.		
Spontaneously lifting arms to parent.		
Spontaneously extend toys to others.		
Imitating an adult's actions.		
Gross Motor	YES	NO
Crawling on belly.		
Creeping on hands and knees.		
Stands momentarily without support.		
Walking while holding onto furniture.		
Sensory Processing	YES	NO
Playing for 2-3 minutes with a single toy.		
Tracking objects with eyes.		
Sleeping 10-12 hours with only 1 awakening.		

Using tongue to move food around mouth.		
---	--	--

If you are concerned, please contact us to schedule an evaluation to assess need for Occupational Therapy services.

Moving Mountains Therapy Center
(406) 396-4130 phone | (406) 797-797-5008 fax
info@mmtherapycenter.com | www.mmtherapycenter.com

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.