



## Occupational Therapy Development Checklist (7-8 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
Forming letters and numbers correctly.		
Dressing and toileting independently.		
Writing on the lines.		
Using knife and fork for most foods.		
Play and Social	YES	NO
Engaging in play which includes themes never personally experienced (e.g. going to space).		
Negotiating during play.		
Playing co-operative games but not usually coping with losing.		
Enjoying play with other children of their own sex.		
Gross Motor	YES	NO
Running smoothly with arms opposing legs and a narrow base of support (feet not too far apart).		
Kicking a ball.		
Walking up stairs while holding an object.		
Skipping forward after demonstration.		
Holding and moving across monkey bars without support.		
Sensory Processing	YES	NO
Following rules.		
Recognizing others' perspective.		

Inhibiting the need to talk and ask questions.		
Knowing where their body is in time and space to coordinate body movements for ball skills.		

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.