



**Occupational Therapy
For Children**

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KINDERGARTEN PREVIEW FORM

Thank you for the effort involved in filling out this Rating Form. It aims to help define more clearly areas that are presenting as a difficulty/concern.

Child's Name:	Date:
Pre-School:	Contact Number:
Teacher(s):	Director:
Email:	

The rating scale is graded in response to a child's skill, ability or behaviour in the following areas according to what is expected for their age level. Ratings should be based on observations made in care and during play activities. If unsure or not observed, please indicate in the box provided.

GROSS MOTOR / POSTURE	Never	Sometimes	Usually	Always	Not ob./ Unsure
Appears coordinated in physical activities					
Maintains posture (play on floor/ table/ standing)					
Uses a dominant left / right hand consistently (circle)					
Plays with balls appropriate to age					
Pushes/pulls/pokes at things and people					
Seems weaker/stronger than others					
Physically tires quicker than others					

PLAY / FINE MOTOR	Never	Sometimes	Usually	Always	Not ob./ Unsure
Enjoys outdoor play					
Enjoys fine motor play					
Creates own play well					
Chooses pencil, drawing, scissor, activities					
Plays with blocks					
Plays with cars, trains					
Plays with puzzles					

ACADEMIC PRE-REQUISITES (for older children)	Never	Sometimes	Usually	Always	Not ob./ Unsure
Interested in counting and early numerical skills					
Displays appropriate letter and sound recognition					
Writes name independently					
Has age appropriate verbal expression					
Understands two-step instructions					

SENSORY FUNCTIONING	Never	Sometimes	Usually	Always	Not ob./ Unsure
Tolerates being touched or hugged by others					
Tolerates different textures in clothing (labels, seams, fabric)					
Tolerates face being washed					
Tolerates different textures on hands in play (playdough, paint)					
Tolerates different textures of food in mouth					
Tolerates being bumped/jostled in groups					
Chews or mouth objects					
Is aware of own body space in relation to others					
Tolerates heights (climbing frame, slippery dip)					
Tolerates spinning movement					
Copes with noise inside or outside					

BEHAVIOURAL ORGANISATION	Never	Sometimes	Usually	Always	Not ob./ Unsure
Independent in planning & organising own play/ work					
Attends in group time					
Physically restless in group times					
Able to maintain appropriate level of attention					
Able to maintain appropriate emotional control					
Able to control being fidgety					
Copes well with new situations					
Able to join in well with others in group activity					
Able to join in well with others in play					
Able to use expected social skills					
Maintains friendships					
Confident in most areas					

ROUTINES	Never	Sometimes	Usually	Always	Not ob./ Unsure
Separates well from parent(s)					
Independent in toilet routines e.g. washing hands, dressing					
Settles well for group time					
Appropriate development in feeding self i.e. snack time / lunch					

Additional Comments:

Thank you for the time and effort involved. It is greatly appreciated.