

### FUNCTIONAL SKILLS CHECKLIST

Please comment about your child's performance of the following tasks. Include if they perform the task independently, need assistance, etc. If it is a task they are currently learning, how are they doing? If it is a task that they have already learned, please comment if there was anything significant about the age or way in which they developed this skill as best you can remember. In other words, did they master this skill at an age appropriate time? How old were they when they mastered this skill? Was this skill very difficult for them to learn? Did they resist learning this task? If it is a skill that is not age-appropriate for them, write N/A.

#### Dressing

How well does your child put on a shirt, pants and undergarments?	
Can your child fix a garment if turned inside out?	
How well does your child put on a jacket or coat; putting on gloves, mittens, etc.?	
Can your child manage fasteners such as buttons, zippers, snaps, etc.?	
Can your child put their shoes on? Do they know the correct foot? Can they tie the laces?	
If your child does not tie laces, have they resisted or demonstrated an interest in learning, or been taught but unable to complete alone?	

Other comments: (Do they dress in a timely manner? need help to select appropriate clothing for weather, etc? refuse to wear certain types of garments?)	
--	--

**Self Care**

Can your child brush their teeth?	
How well does your child perform bathing tasks? How much assistance do they need?	
Can your child wash their hands, including managing the soap dispenser?	
Can your child clean themselves after toileting?	
Other comments: (Do they resist self care tasks such as bathing, hair washing, nail cutting, hair cuts, etc.? Do they have accidents? Do accidents occur at any time of day or just at night?)	

**Feeding**

Can your child feed themselves?	
Can your child manage utensils?	
Can your child open snack containers or baggies? Can they manage a juice box and straw?	
Does your child eat a variety of foods or only a few items or types of foods?	
Does your child eat an appropriate amount of food? Too much or too little?	
Does your child get messier than siblings when eating or have frequent spills?	
Does your child have difficulty staying seated at meal times?	
Can they eat lunch independently at school?	

**Recreation**

Will your child play outside independently?	
Can your child manage a swing set?	
Is your child fearful of movement on swings?	
Will your child go on slides, ladders, steps, etc.?	
Will your child play on uneven or moving surfaces such as bridges, rope ladders, etc?	
Does your child watch other children play on playground equipment but avoid doing it himself?	
Does your child appear to be moving around on the playground but not actually using equipment or engaging in an actual task?	
Does your child participate in team sports?	
Does your child seem unaware of dangers when playing on swings and climbing equipment?	
Does your child ride a bike? What type (two wheeler, have training wheels, tricycle, ride-on toys, etc)?	

Describe their reaction toward bike riding (avoid or seek learning to ride a bike or a more difficult type of bike, are they especially cautious, clumsy, impulsive, etc).	
Describe your child's favorite toys and/or leisure time activity.	
Describe your child's least favorite type of play.	

**Socialization**

Does your child play with children his own age? Does your child gravitate toward children of another age group or towards adults?	
Does your child prefer to play alone or with other children?	
Will your child play in homes of other children?	
Does your child prefer sedentary activities (i.e. video games, computer, etc.)?	
Does your child have any personal space issues?	

<p>Does your child appear to understand and interpret emotions of others, including nonverbal cues of emotions (such as crying, laughing, angry expressions, etc.)?</p>	
---	--

**School Performance**

<p>What is your child's school schedule (number of days per week, hours per day, approximate times of school day, etc.)?</p>	
<p>Does your child generally like school – teachers, peers, location, length of day, activities, etc.?</p>	
<p>Does your child have any difficulty transitioning into/out of the school day or between activities/classes?</p>	
<p>Does your child have adequate endurance to tolerate the school day or do they come home exhausted?</p>	
<p>Can your child manage classroom tools effectively (i.e. pencil, crayons, glue, scissors, pencil sharpener, art supplies, etc.)?</p>	

<p>How well does your child manage the physical school environment (i.e. carry lunch tray, push open heavy doors, use the water fountain, carry their backpack, open their locker, etc.)?</p>	
<p>How does your child manage the emotional/social school environment (complaints of illness, fatigue, distractibility, peer interactions, etc.)?</p>	
<p>Describe your child's posture when seated.</p>	
<p>What are your concerns related to your child's performance in school?</p>	

**Sleep**

<p>Where does your child sleep (i.e. alone, w/ parents, w/ sibling)?</p>	
<p>Describe your child's sleep patterns. Is your child on a regular sleep schedule? Does your child sleep through the night? Does your child have difficulty falling asleep?</p>	



**Harmony Pediatric Therapy**  
5 Townsquare, Ste A Chatham, NJ 07928-2568  
Phone: (973) 507-9730 Fax: (973) 507-9710  
Email: info@harmonypediatrictherapy.com  
Web: www.harmonypediatrictherapy.com

Does your child wake up on their own or need to be woken up? Do they wake up easily or need extra time? Do they use an alarm clock and do so independently?	
Does your child take a nap? If so, for how long?	
Does your child have any issues related to sleep (i.e. fears, night tremors, bad dreams, etc.)?	

Please feel free to comment here about any other skills, activities or tasks that you feel are relevant or that you are concerned about. Include what you feel are your main priorities and goals during the therapy process.