



neuroBridge

connecting a child's mind and body

OT Developmental Screening

neuroBridge will be completing developmental screenings for students at Brainerd Baptist School the week of September 9, 2019. The purpose of this screening is to see if your child's motor skills are developing as expected. There is a checklist on the reverse side to give you more information. During the testing, a licensed Occupational Therapist will determine if your child needs further testing based on the results of the screening tool and a series of sensory motor observations. By signing this permission form, you are agreeing to pay \$38.00 for the cost of the screening.

Please complete the information below. You can return to the form and a *check payable to neuroBridge llc* to your child's teacher prior to September 9, 2019. If you have any questions, please contact Margaret Hopping OTR/L at 423-380-9087 or margaret@neurobridgellc.com.

Student's name: _____ DOB: _____

Teacher: _____ Grade: _____

I give my permission for my child to participate in the neuroBridge Screening by the staff of neuroBridge.

Print Name: _____ Date: _____

Signed Name: _____

I prefer to be contacted via:

Email: _____

Phone: _____

The following checklist is helpful when determining the need for an nB Developmental Screening:

Gross Motor

- Appears clumsy, has frequent falls or bumps into furniture
- Cannot sit still
- Has difficulty learning new movements or motor skills
- Quietly observes more than participates
- Sits with a slumped posture or poor posture
- Does not like to participate in PE
- Has a hard time catching or throwing a ball
- Has difficulty kicking a moving ball
- Is unable to do jumping jacks at age 5
- Has low endurance; gets tired quickly
- Has difficulty skipping, hopping or jumping
- Walks around the playground
- Avoids playground equipment
- Does not know right and left
- Did not crawl on hands and knees as an infant

Fine Motor

- Holds the pencil too tight or too loose
- Has an awkward grip on pencil/scissors
- Presses too hard on the paper
- Rips paper when erasing or writing
- Writes too light or too dark
- Cannot cut with scissors
- Has difficulty with buttons or fasteners
- Drops his pencil or utensil
- Sticks out his tongue or makes mouth movements while writing/drawing/cutting
- Avoids drawing or coloring
- Has difficulty sitting in a chair with feet on the floor
- Completes work too quickly, producing messy work
- Does not use non-dominant hand to hold paper during writing
- Does not have a dominant hand; alternates hands when tired
- Holds head when he writes

Visual Perceptual, Visual Motor

- Has poor letter formation, size and spacing
- Does not recognize shapes, letters and numbers as compared to peers
- Is disorganized - has disorganized desk, locker or backpack
- Has difficulty coloring in defined spaces, ie a coloring book
- Draws a person poorly
- Has difficulty reading; skips words; has difficulty keeping his place
- Cannot imitate a pattern
- Has difficulty locating items in a drawer or backpack
- Is distracted by visual stimulation
- Has difficulty cutting on a defined line.
- Moves body while writing or reading

Sensory Processing

- Has meltdowns with homework/lacks motivation
- Has a hard time transitioning to school or back to home
- Has difficulty following directions
- Becomes silly or frustrated during classwork
- Appears overwhelmed in crowds
- Avoids eye contact
- Is easily distracted; has poor attention span
- Is fidgety, can't sit still; is overly active
- Is overly sensitive (movement, touch, sound)
- Chews on clothing, pencil or non food objects
- Has difficult time making friends
- Appears not to hear greeting or instructions
- Enjoys crashing to the ground or bumping into things; rough with friends/pets
- Becomes upset, mad or frustrated easily
- Is subject to outbursts
- Poor awareness of food on face or runny nose
- Has difficulty with dressing and toileting
- Is a picky eater

***If you checked three or more in a category, your child may benefit from an nB Screening.**