**If your child is being evaluated for PT (physical therapy)…**

Please check any of the following performance skill areas that your child is having difficulty with.

|  |
| --- |
| **MOTOR SKILLS** |
|  | Balance – Losing balance easily and/or uncoordinated |
|  | Crawling |
|  | Standing |
|  | Walking |
|  | Running |
|  | Kicking |
|  | Hopping on one foot |
|  | Throwing  |
|  | Catching |
|  | Sitting Up |
|  | Kneeling |
|  | Rolling Over |
|  | Jumping off of ground with 2 feet |
|  | Jumping over objects |
|  | Jumping off of objects |
|  | Pedaling tricycle or riding on bicycle |
|  | Skipping |
|  | Galloping  |
| **SOCIAL SKILLS** |
|  | Following directions |
|  | Making eye contact |
|  | Participates in roughhouse play with others |
| **REGULATION** |
|  | Safety Awareness |
|  | Impulsive/Risk taker |
|  | Aggression towards self or others |

Has your child ever worn any type of braces, bars, and/or corrective shoes? ❑ yes ❑ no

Additional Concerns: