

# Dayton Independent Schools

## Basic Motor Screening Form

### Initial Referral/Re-evaluation

(To be completed by Appropriate Teacher)  
(Attachment to ARC Conference Action Form)

Student Name: <input style="width: 80%;" type="text"/>	Date of Birth: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>
School: <input style="width: 95%;" type="text"/>	Student Number: <input style="width: 80%;" type="text"/>	
Grade: <input style="width: 80%;" type="text"/>	Gender: <input style="width: 80%;" type="text"/>	Race/Ethnicity: <input style="width: 95%;" type="text"/>

Physical Education Teacher: <input style="width: 80%;" type="text"/>	Classroom Teacher: <input style="width: 80%;" type="text"/>
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**Answer the following questions regarding the specific student listed above.**

1. Does student currently participate in physical education and/or motor skill activities in the classroom?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Are student's motor skills age appropriate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

3. Please observe the student in each of the following areas. Check each area of observed difficulty and any specific sub-skill area of concern. Briefly describe any concerns for each area.			
Balance	No Concern	Concern	Description of Concern
1. Maintains Balance	<input type="checkbox"/>	<input type="checkbox"/>	
2. Body Movement (constant, frequent)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Falls (frequent, occasional)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Balance on one foot (6-10 sec)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Sitting balance on the floor	<input type="checkbox"/>	<input type="checkbox"/>	
Fitness/Coordinated Movement	No Concern	Concern	Description of Concern
1. Gross body coordination	<input type="checkbox"/>	<input type="checkbox"/>	
2. Endurance	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperative Behavior	No Concern	Concern	Description of Concern
1. Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	
2. Participates in activities	<input type="checkbox"/>	<input type="checkbox"/>	
3. Plays well in groups/by self	<input type="checkbox"/>	<input type="checkbox"/>	
4. Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	
5. Plays at best ability	<input type="checkbox"/>	<input type="checkbox"/>	
Ball Skills	No Concern	Concern	Description of Concern
1. Catch a bounced ball	<input type="checkbox"/>	<input type="checkbox"/>	
2. Throw a ball overhead	<input type="checkbox"/>	<input type="checkbox"/>	
3. Hit a ball with bat off a tee	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments: <input style="width: 80%;" type="text"/>
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