MISSOURI STATE UNIVERSITY
PERCEPTUAL MOTOR DEVELOPMENT LABORATORY

FINAL SCREENING

STUDENT ______________________________ M ___ F ____ AGE ___

DATE ________________ EVALUATOR _________________________

4 3 2 1 0 COMMENTS

BODY AWARENESS
Identification of Body Parts __ __ __ __ __
Differentiation __ __ __ __ __
Spatial Awareness __ __ __ __ __

BALANCE
Static __ __ __ __ __
Dynamic __ __ __ __ __

LOCOMOTOR SKILLS
Walking __ __ __ __ __
Running __ __ __ __ __
Horizontal Jumping __ __ __ __ __
Hopping __ __ __ __ __
Skipping __ __ __ __ __
Stair Climbing __ __ __ __ __
  Ascending __ __ __ __ __
  Descending __ __ __ __ __

MANIPULATIVE SKILLS
Gross Motor
  Catching __ __ __ __ __
  Throwing __ __ __ __ __
  Kicking __ __ __ __ __
Fine Motor
  Chalkboard __ __ __ __ __
  Paper/pencil __ __ __ __ __
  Self-Help __ __ __ __ __

LATERALITY AND DIRECTIONALITY
Midline __ __ __ __ __
Reversals __ __ __ __ __
Left/Right Naming __ __ __ __ __
Left/Right in Space __ __ __ __ __
Personal Information

Date of Birth: ____________

Current School Grade ____________

Dominant Hand: ____________

Dominant Foot: ____________

Dominant Eye: ____________

# Absences This Semester ____________

Medical Conditions/Meds ___________________________

Favorite Activities/Games ___________________________

Overall Results of the Assessment: Include observed incidental behaviors affecting testing, time of day, conditions of assessment, mood of child etc.
Child’s Specific Strengths: Include Benchmark Comparisons Relative to Age and Gender
Child’s Specific Needs (Weaknesses): Include Age/Gender Comparisons between Current and Desired Levels of Performance. Include One Suggested Correction per Skill Deficiency
Perceptual Motor Development: Primary Goal and Accompanying Behavior Objectives

Name: ___________________________   Semester __________

Child: ___________________________ Age _____ Site ______________

Goal:

Projected Completion Date:

Equipment Required:

Measurable and objective Behavior Objectives:

1. ___________________________

2. ___________________________

3. ___________________________
**Remediation Activities (lab, school, and home):** describe each in a game or creative activity format. Include **WHY** you are using these activities; be sure to relate them to the goal and objectives for the child

(1)

(2)

(3)

(4)

(5)