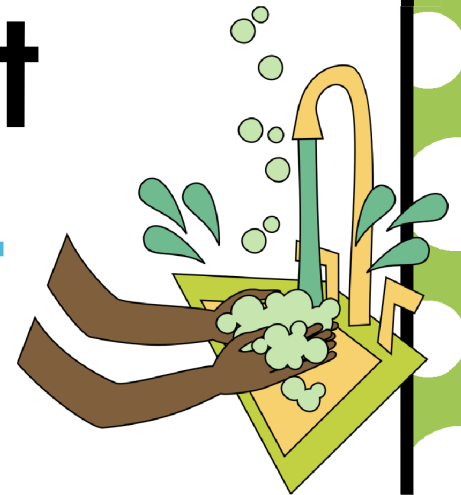




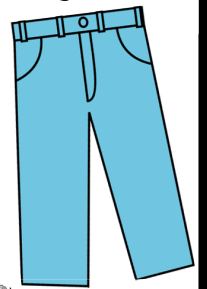
Occupational Therapy Early Childhood

Self Help Skills Checklist

12 Months -
7 Years



- Sub-Sections Include:
 - Self-Dressing Skills
 - Feeding Skills
 - Toileting Skills
 - Personal Hygiene/Grooming Skills
- Organized into age ranges.
- Quick screen for therapists to assess developmental status of self help skills.



Occupational Therapy Self-Help Skills Checklist

Directions: Determine child's chronological age. Look at the sub-section for that age and give the child a ✓ for the skills he/she possesses.

Child's Name: _____

D.O.B: _____

Screeners: _____ Screen Date(s): _____

12 - 18 Months

Self-Dressing Skills			
Skill	Yes	No	Comment
♦ Cooperates by holding arm out for sleeves & puts foot up for shoes			
♦ Pushes arms through sleeves & legs through pants			
♦ Begins to get undressed			
♦ Pulls socks & shoes off			
♦ Removes hat			
Feeding Skills			
♦ Fills spoon with food			
♦ Holds cup with handles			
♦ Holds and drinks from cup (with spilling)			
♦ Smooth diagonal rotary movements in chewing			
♦ Swallows ground, mashed, or coarsely chopped table food with noticeable lumps			
♦ Most meats & many raw vegetables by 18 months			
♦ Controlled, sustained bite on soft cookie at 12 months			
♦ Controlled bite on hard cookie by 18 months			
Toileting Skills			
♦ Displays discomfort with soiled pants (verbal or gesture)			
♦ Has regular bowel movements			
Personal Hygiene/Grooming Skills			
♦ Opens mouth for teeth to be brushed			

Occupational Therapy Self-Help Skills Checklist

Directions: Determine child's chronological age. Look at the sub-section for that age and give the child a ✓ for the skills he/she possesses.

Child's Name: _____

D.O.B: _____

Screeners: _____ Screen Date(s): _____

18 - 24 Months

Self-Dressing Skills			
Skill	Yes	No	Comment
◆ Removes shoes with laces already undone			
◆ Puts on shoes with assistance			
◆ Cooperates with dressing by holding out arms and feet			
◆ Pulls off shoes			
◆ Removes socks			
Feeding Skills			
◆ Chews with diagonal, circular, and rotary jaw movements			
◆ Does not use a bottle			
◆ Holds cup in one hand			
◆ Able to grade jaw movement when biting through various thicknesses			
◆ Swallows with no liquid or food loss			
Toileting Skills			
◆ Sit on potty chair with assistance			
Personal Hygiene/Grooming Skills			
◆ Washes and dries hands partially			
◆ Allows for wiping of nose			

Occupational Therapy Self-Help Skills Checklist

Directions: Determine child's chronological age. Look at the sub-section for that age and give the child a ✓ for the skills he/she possesses.

Child's Name: _____ D.O.B: _____

Screeners: _____ Screen Date(s): _____

24 - 30 Months

Self-Dressing Skills

Skill	Yes	No	Comment
◆ Removes pants			
◆ Gets undressed with help for fasteners & sequencing			
◆ Helps pull up elastic waist pants			
◆ Tries to put pants on			
◆ Unbuttons one large button			

Feeding Skills

◆ Drinks from cup or glass			
◆ Feeds self with spoon (palm up)			
◆ Uses fork to spear with little spillage			

Toileting Skills

◆ Assists with clothing management while toileting			
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Personal Hygiene/Grooming Skills

◆ Washes and dries hands partially			
◆ Brushes teeth with assistance			
◆ Wipes nose with assistance			

Occupational Therapy Self-Help Skills Checklist

Directions: Determine child's chronological age. Look at the sub-section for that age and give the child a ✓ for the skills he/she possesses.

Child's Name: _____ D.O.B: _____

Screeners: _____ Screen Date(s): _____

30 - 36 Months

Self-Dressing Skills			
Skill	Yes	No	Comment
♦ Tries to put on socks			
♦ Puts on front-button shirt (without buttoning)			
Feeding Skills			
♦ Picks up and directs spoon to mouth with some spilling			
♦ Uses fork			
♦ Uses napkin			
Toileting Skills			
♦ Able to distinguish between urination and bowel movements			
♦ Verbalizes need for toileting			
♦ Goes to the bathroom independently (help with wiping)			
Personal Hygiene/Grooming Skills			
♦ Uses a tissue to wipe around nose when reminded			
♦ Assists in washing and drying body			
♦ Turns faucet on and off			

Occupational Therapy Self-Help Skills Checklist

Directions: Determine child's chronological age. Look at the sub-section for that age and give the child a ✓ for the skills he/she possesses.

Child's Name: _____

D.O.B: _____

Screeners: _____ Screen Date(s): _____

3 - 4 Years

Self-Dressing Skills			
Skill	Yes	No	Comment
♦ Puts on pants			
♦ Puts on shoes & socks			
♦ Puts on shoes (may be incorrect feet)			
♦ Puts on socks with minimal assistance at times			
♦ Pulls down pants			
♦ Unzips & zips non-separating zipper			
♦ Zips down pants			
♦ Buttons large buttons			
♦ Snaps			
♦ Unbuckles			
Feeding Skills			
♦ Holds glass/cup with one hand			
Toileting Skills			
♦ Indicates need for toileting (words or gestures)			
♦ Tries to wipe self after toileting			
♦ Flushes toilet			
Personal Hygiene/Grooming Skills			
♦ Washes and dries hands and face			

Occupational Therapy Self-Help Skills Checklist

Directions: Determine child's chronological age. Look at the sub-section for that age and give the child a ✓ for the skills he/she possesses.

Child's Name: _____

D.O.B: _____

Screeners: _____ Screen Date(s): _____

4 - 5 Years

Self-Dressing Skills

Skill	Yes	No	Comment
◆ Buckles			
◆ Connect two-part separating jacket zipper and zips up			
◆ Puts on socks correctly			
◆ Puts on shoes with minimal assistance			
◆ Knows front versus back of clothing & inside from outside			
◆ Puts belt in loops			
◆ Independent with Velcro fastenings on shoes			
◆ Places shoes on correct feet			

Feeding Skills

◆ Holds glass/cup with one hand			
◆ Sucks through straw while holding container with one hand			
◆ Uses napkin			
◆ Holds spoon with fingers			
◆ Holds fork with fingers			

Toileting Skills

◆ Infrequent accidents when using the toilet			
◆ Uses toilet paper to wipe after toileting			

Personal Hygiene/Grooming Skills

◆ Runs comb and brush through his/her hair			
◆ Uses towel to dry body after washing			
◆ Thoroughly brushes teeth			
◆ Prepares toothbrush with water and paste			

Occupational Therapy Self-Help Skills Checklist

Directions: Determine child's chronological age. Look at the sub-section for that age and give the child a ✓ for the skills he/she possesses.

Child's Name: _____

D.O.B: _____

Screeners: _____ Screen Date(s): _____

5 - 7 Years

Self-Dressing Skills

Skill	Yes	No	Comment
◆ Dresses without help or supervision			
◆ Selects and uses appropriate clothing			
◆ Ties Shoes			
◆ Buttons small buttons			

Feeding Skills

◆ Spreads with knife			
◆ Cuts soft food with knife			

Toileting Skills

◆ Washes hands after using the toilet			
◆ Completely cares for self at toilet			

Personal Hygiene/Grooming Skills

◆ Combs or brushes hair			
◆ Blows own nose			
◆ Brushes teeth after meals or at designated times			
◆ Washes face and body			

Comments/Additional Information:

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