**Name:**

**School yr:**

**Date of birth:**

**Screening completed by:**

**GROSS MOTOR SCREENING**



**Tracking**

**Finger and thumb opposition**

Eyes open

Eyes closed

**Sitting**

Cross legged

Long sitting

Kneel sit

**Walking**

Tip toes – forwards

Tip toes- backwards

Along a straight line

Hopping

* on R leg
* on L leg

**Body parts:**

Can you point to……?

Eyes Shoulder

Nose Hips

Ear Back

Knee

**Prone:**

Can stay in that position?

Aeroplane -head

 -legs

 -arms, legs and head

Wheelbarrow – how many steps?

**General impressions:**