



Pediatric Occupational Therapy

Occupational Therapy Screening Tool (“Red Flags”)

Children-All Ages

Avoids touching or being touched (especially if unexpected), dislikes getting dirty, seems unaware of pain, and/or displays upset with daily routine tasks such as dressing, bathing, washing hair, cutting nails, etc.

Seems clumsy or uncoordinated (taking longer than expected to learn motor skills, bumps into other people or objects in the environment, falls often, etc)

Poor eye contact or difficulty interacting with adults/peers

Covers ears, becomes upset, or complains about loud noises

Difficulty following verbal directions or completing steps of daily routines

Limited diet (does not eat certain food textures or temperatures, gags on food, etc)

Avoid movement activities such as swings, slides, hesitates on curbs or uneven surfaces, etc

Appears to be in constant motion, fidgety, difficult time sitting still

Overly rough when playing

Difficulty imitating actions

Unsafe in community or at home

Disruptive behaviors-impulsive, limited attention, resistive to new activities/changes in routine, difficulty moving from one activity to another, gives up easily, difficulty calming self



Occupational Therapy Screening Tool (“Red Flags”) – Age Specific

<p>0-1 year olds</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not mouthing toys, difficulty transitioning to textured foods <input type="checkbox"/> Difficulty eye tracking movement (decreased visual regard for toys and/or people) <input type="checkbox"/> Does not appear interested in cause and effect toys <input type="checkbox"/> Always content to lie/sit in one place <input type="checkbox"/> Not imitating sounds, gestures, emotions, etc. <input type="checkbox"/> Difficulty getting to sleep, easily awakened <input type="checkbox"/> Takes a long time to respond even to familiar voices or startles easily <input type="checkbox"/> Delayed head control (fully developed 4-5 mos.) <input type="checkbox"/> Frequent irritability with difficulty calming <input type="checkbox"/> Withdraws/fussy to with touch (examples: changing diaper or clothes, bath time, wiping face). <input type="checkbox"/> Resists being held, becomes upset when moved, when placed on back for diaper changes, etc. 	<p>1-2 year olds</p> <ul style="list-style-type: none"> <input type="checkbox"/> No interest in engaging with moving toys (balls, cars/trucks, pull toys) <input type="checkbox"/> Not attempting to feed self with spoon <input type="checkbox"/> Does not use trial and error (example: attempts something once and gives up) <input type="checkbox"/> Does not appear to use gestures and words to communicate wants and needs (limited pointing, showing, offering) <input type="checkbox"/> Limited exploration of environment (not climbing on/off chairs, going up/down steps, etc.) <input type="checkbox"/> Refuses or unable to eat same meals as rest of family <input type="checkbox"/> Unable to use utensils/will only eat with hands <input type="checkbox"/> Unable to use straw cup or sippy cup <input type="checkbox"/> No pretend or cooperative play observed (examples- hide and seek, chasing, brushing dolls hair, etc) <p>* By 2 years should be able to engage in quiet play approximately 5-10 minutes</p>
<p>2-3 year olds</p> <ul style="list-style-type: none"> <input type="checkbox"/> No enjoyment of rough and tumble play <input type="checkbox"/> No interest or difficulty scribbling, completing 4-5 piece puzzles, building, etc. <input type="checkbox"/> Not able to engage in parallel play (beside a peer), snatching toys from others typical at this age <input type="checkbox"/> No observation of using toys as agents (doll feeding self, dump truck scooping sand) <input type="checkbox"/> Not asking who, what, where, why questions <input type="checkbox"/> Not able to locate parts of body (eyes, nose, etc.) <p>*Should be able to engage in quiet play approximately 15 minutes</p>	<p>3-4 year olds</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not enjoying new toys, appears stuck on familiar or desired toys <input type="checkbox"/> Limited interest in tools/activities such as hammering, using scissors and markers, sorting objects, etc. <input type="checkbox"/> Unable to use one toy/object to represent something else <input type="checkbox"/> No interest in peer play, unable to engage in cooperative play <p>*Now able to play with single object or play theme approximately 10 minutes, quiet play approximately 30 minutes</p>