



### 3 Year Old Preschool Screen

**Background:** This tool screens three year old children for mild to moderate developmental delays. As the research proves, early intervention produces the best therapeutic outcome for children- the earlier the better! Children who have developmental delays identified by their three year old preschool teachers and who receive appropriate intervention, have a major advantage entering into their four year old preschool year. This then has a flow on effect for their readiness for school. Therefore, my recommendation is to use this screening tool for all three year old children at your preschool preferably within Term 1 or early Term 2. Then use the screening tool as something concrete to present a parent with and discuss your concerns with them. Explain that the screen is carried out on all children in three year old preschool and that their child is showing certain developmental concerns. You can add your own observations to what comes out of the screening tool. It is a gentle and proactive way of presenting concerns to parents which facilitates faster referrals to appropriate services and therefore greater outcomes for the child.

**Administration:** The tool was designed to take approximately 10-15 mins to complete for each child and requires concrete yes or no responses. To save time, children can be assessed within small groups.

**When to refer?** Each section of the tool concludes with a guideline of when to refer within that specific section. However, if the child is demonstrating concerns across a few sections, I would also recommend a referral. I also encourage preschool teachers to use their own discretion. For example, if the child is only showing one 'no' response in a section where 2 or more is indicated, but the 'no' response has a significant impact on the child's functioning at preschool, I would also encourage a referral. I intend that preschool teachers use their professional judgement in combination with this tool. For example, if the child is only having difficulty with sitting still at mat time, you may wish to give them a few weeks to settle into the preschool routine and then re-evaluate.

**How to refer?** Referrals can be made by preschool teachers directly or by parents. A GP referral is not required. Referrals can be made via email: [hdgamble@gmail.com](mailto:hdgamble@gmail.com) or phone 0430131444.

I hope that this screening tool is a valuable addition to your three year old preschool program. If you have any questions regarding how to use it or are unsure of when to refer, please don't hesitate to call or email.

Yours sincerely,

**Hannah Gamble B. O.T. (Hons)**



**Thrive Occupational Therapy for Kids Three Year Old Preschool Screen**

**Child's name:**

**Date of Birth:**

**Preschool & group:**

**Date screened:**

**Teacher:**

**Parent's name & Phone Number:**

**Fine Motor:**

|  |          |
|--|----------|
| Holds their pencil with a static tripod grasp (three fingers with third finger on top of pencil shaft) or dynamic tripod grasp (three fingers with third finger tucked under pencil shaft)?<br>NB. This does not include thumb wrap grasps | yes / no |
| Has an obvious hand preference?  | yes/ no  |
| Cuts with scissors across a page?  | yes / no |
| Copies I _ O, +?   | yes / no |
| Places large pegs into a peg board?  | yes / no |
| Builds tower of 10 blocks?   | yes / no |

**When to refer?** Two or more 'no' answers

**Gross Motor:**

|   |          |
|---|----------|
| Copies actions in songs?  | yes / no |
| Consistently negotiates playground obstacles?   | yes / no |
| Demonstrates basic ball skills (e.g. kicking, throwing, catching, rolling)?                                 | yes / no |
| Stands and walks on tip toes?   | yes / no |
| Stands on one leg for at least 2-3 seconds?   | yes / no |
| Hops on their dominant leg at least 1- 3 times?   | yes / no |
| Jumps off low steps or objects?   | yes / no |
| Moves around without regularly tripping or falling?   | yes / no |
| Sustains appropriate amounts of energy throughout gross motor activities and the overall preschool session? | yes / no |

**When to refer?** Two or more 'no' answers

**Sensory:**

|  |          |
|--|----------|
| Cannot sustain play at one activity for more than a few minutes at a time?   | yes / no |
| Has difficulty with transitions between activities or to and from preschool?   | yes / no |
| Has difficulty sitting still and attending/concentrating appropriately during mat time?  | yes / no |
| Demonstrates sensory seeking behaviours (e.g. excessive moving, fidgeting, putting things in mouth, makes noise for noise sake, fixates on visual things, sniffs objects)? | yes / no |
| Demonstrates sensory avoiding behaviours (e.g. adverse reactions to touch, noise, light, smell, movement experiences, food/drink)?   | yes / no |
| Becomes overwhelmed easily?  | yes / no |
| Doesn't cope well with changes to routine or expectations?   | yes / no |

**When to refer?** Two or more 'yes' answers

**Emotional Regulation:**

|   |          |
|---|----------|
| Melts down or tantrums regularly?         | yes / no |
| Seems on the edge or fragile?             | yes / no |
| Becomes overwhelmed easily?               | yes / no |
| Becomes aggressive?                       | yes / no |
| Runs away when overwhelmed?               | yes / no |
| Becomes emotional frequently?             | yes / no |
| Goes into 'frozen' or 'shut down' states? | yes / no |

**When to refer?** Two or more 'yes' answers



## 4 Year Old Preschool Screen

**Background:** This tool screens four year old children for mild to moderate developmental delays. In my experience, referrals to Paediatric therapists are often made by preschool teachers too late in the year to allow adequate intervention time to get the child ready for school in the following year. I understand that sometimes this is because it takes time for preschool teachers to develop a rapport and trust with parents that allows them to talk about their concerns regarding a child's development. Therefore, my recommendation is to use this screening tool for all four year old children at your preschool sometime within Term 1. Then use the screening tool as something concrete to present a parent with. Explain to them that the screen is carried out on all children in four year old preschool and that their child is showing certain developmental concerns. You can add your own observations to what comes out of the screening tool. It is a gentle and proactive way of presenting concerns to parents which facilitates faster referrals to appropriate services and therefore greater outcomes for the child. I also encourage teachers to readminister the screen in Term 3. If you haven't referred a child for an issue already, this will give you an indication of whether the issue has resolved or not.

**Administration:** The tool was designed to take approximately 10-15 mins to complete for each child and requires concrete yes or no responses. To save time, children can be assessed within small groups.

**When to refer?** Each section of the tool concludes with a guideline of when to refer within that specific section. However, if the child is demonstrating a number of concerns across a few sections, I would also recommend a referral. I also encourage preschool teachers to use their own discretion. For example, if the child is only showing one 'no' response in a section where 2 or more is indicated, but the 'no' response has a significant impact on the child's functioning at preschool, I would also encourage a referral. I intend that preschool teachers use their professional judgement in combination with this tool. For example, if the child is only having difficulty with sitting still at mat time, you may wish to give them a few weeks to settle into the preschool routine and then re-evaluate.

A referral is also indicated when one or more issues are present in Term 1 and still present in Term 3. That is a clear indicator that the developmental issues are not resolving with age. Please bear in mind that the child will need all of Term 4 for a thorough assessment and intervention to take place. That means referrals need to happen in Term 3 at the latest. Please also note that the developmental skills listed in this tool are the bare minimum for 4 year old children. Well developing 4 year olds will be doing above and beyond what is listed in this tool.

**How to refer?** Referrals can be made by preschool teachers directly or by parents. A GP referral is not required. Referrals can be made via email: [hdgamble@gmail.com](mailto:hdgamble@gmail.com) or phone 0430131444.

I hope that this screening tool is a valuable addition to your 4 year old preschool program. If you have any questions regarding how to use it or are unsure of when to refer, please don't hesitate to call or email.

Yours sincerely,



Hannah Gamble B. O.T. (Hons)

Thrive Occupational Therapy for Kids Four Year Old Preschool Screen

**Child's name:**

**Date of Birth:**

**Preschool & Group:**

**Date(s) screened:**

**Teacher:**

**Parent's name & Phone Number:**

**Date screened Term 1:**

**Date screened Term 3:**

Fine Motor:

|  | <b>TERM 1</b> | <b>TERM 3</b> |
|--|---------------|---------------|
| Holds their pencil with a static tripod grasp (three fingers with third finger on top of pencil shaft) or dynamic tripod grasp (three fingers with third finger tucked under pencil shaft)?<br>NB. This does not include thumb wrap grasps | yes / no      | yes / no      |
| Cuts along a 15cm straight line?   | yes / no      | yes / no      |
| Draws a recognisable person with at least a head and at least four other features?   | yes / no      | yes / no      |
| Copies I _ O, +, \, /, X and squares   | yes / no      | yes / no      |
| Prints some letters  | yes / no      | yes / no      |
| Picks up small objects using a pincer grasp (thumb opposing index finger)?   | yes / no      | yes / no      |
| Mostly manages their lunch and snacks (small amounts of assistance with wrappers are ok)?  | yes / no      | yes / no      |

**When to refer Term 1?** Two or more 'no' answers

**When to refer Term 3?**

One or more 'no' answers

**Gross Motor:**

|   | <b>TERM 1</b> | <b>TERM 3</b> |
|---|---------------|---------------|
| Copies actions in songs?  | yes / no      | yes / no      |
| Consistently negotiates playground obstacles?   | yes / no      | yes / no      |
| Demonstrates competent ball skills (e.g. kicking, throwing, catching, rolling)?                             | yes / no      | yes / no      |
| Jumps backwards and from a low height with both feet together?  | yes / no      | yes / no      |
| Stands on one foot for at least 5 seconds?  | yes / no      | yes / no      |
| Hops on preferred foot at least 4-6 times   | yes / no      | yes / no      |
| Moves around without regularly tripping or falling?   | yes / no      | yes / no      |
| Sustains appropriate amounts of energy throughout gross motor activities and the overall preschool session? | yes / no      | yes / no      |

**When to refer Term 1?** Two or more 'no' answers

**When to refer Term 3?** One or more 'no' answers

**Sensory:**

|  | <b>TERM 1</b> | <b>TERM 3</b> |
|--|---------------|---------------|
| Cannot sustain play at one activity for more than a few minutes at a time?   | yes / no      | yes / no      |
| Has difficulty with transitions between activities or to and from preschool?   | yes / no      | yes / no      |
| Has difficulty sitting still and attending/concentrating appropriately during mat time?  | yes / no      | yes / no      |
| Demonstrates sensory seeking behaviours (e.g. excessive moving, fidgeting, putting things in mouth, makes noise for noise sake, fixates on visual things, sniffs objects)? | yes / no      | yes / no      |
| Demonstrates sensory avoiding behaviours (e.g. adverse reactions to touch, noise, light, smell, movement experiences, food/drink)?   | yes / no      | yes / no      |
| Becomes overwhelmed easily?  | yes / no      | yes / no      |
| Doesn't cope well with changes to routine or expectations?   | yes / no      | yes / no      |

**When to refer Term 1?** Two or more 'yes' answers

**When to refer Term 3?** One or more 'yes' answers

**Emotional Regulation:**

|   | <b>TERM 1</b> | <b>TERM 3</b> |
|---|---------------|---------------|
| Melts down or tantrums regularly?         | yes / no      | yes / no      |
| Seems on the edge or fragile?             | yes / no      | yes / no      |
| Becomes overwhelmed easily?               | yes / no      | yes / no      |
| Becomes regularly aggressive?             | yes / no      | yes / no      |
| Runs away when overwhelmed?               | yes / no      | yes / no      |
| Becomes emotional frequently?             | yes / no      | yes / no      |
| Goes into 'frozen' or 'shut down' states? | yes / no      | yes / no      |

**When to refer Term 1?** Two or more 'yes' answers

**When to refer Term 3?** One or more 'yes' answers

**Speech & Language:**

|   | <b>TERM 1</b> | <b>TERM 3</b> |
|---|---------------|---------------|
| Follows instructions with 2 or more steps?                              | yes / no      | yes / no      |
| Consistently answers questions appropriately?                           | yes / no      | yes / no      |
| Understands simple concepts (e.g. put the toy <b>behind</b> the shelf)? | yes / no      | yes / no      |
| Consistently produces sentences that make sense?                        | yes / no      | yes / no      |
| Makes speech sounds correctly (NB. Exclude 'th' and 'r' sounds) ?       | yes / no      | yes / no      |

**When to refer Term 1 & Term 3?** One or more 'no' answers

N.B. For concerns presenting only in the Speech & Language domain, please refer to a Paediatric Speech Pathologist. All other concerns are suitable to be referred to Paediatric Occupational Therapy.

**Behaviour & Play:**

SECTION A

|   | TERM 1   | TERM 3   |
|---|----------|----------|
| Gives appropriate eye contact?  | yes / no | yes / no |
| Cooperates with requests most of the time?  | yes / no | yes / no |
| Waits for their turn, shares and plays cooperatively with peers most of the time?                                   | yes / no | yes / no |
| Engages in pretend play?  | yes / no | yes / no |
| Manages their emotions in an age appropriate manner?  | yes / no | yes / no |
| Seeks assistance from adults when required?   | yes / no | yes / no |
| Shows appropriate concern/empathy for peers?  | yes / no | yes / no |
| Demonstrates age appropriate self-care skills (e.g. toileting, washing hands, dressing) and follows basic routines? | yes / no | yes / no |

**When to refer Term 1?** Two or more 'no' answers      **When to refer Term 3?** Two or more 'no' answers

SECTION B

|  | TERM 1   | TERM 3   |
|--|----------|----------|
| Demonstrates defiant and/or aggressive behaviour, compared with the 'typically developing peer'? | yes / no | yes / no |
| Demonstrates separation anxiety beyond what would be reasonably expected for their age?          | yes / no | yes / no |

**When to refer Term 1?** One or more 'yes' answer      **When to refer Term 3?** One or more 'yes' answers

**Other Concerns (Please list in table below):**

| TERM 1 | TERM 3 |
|--------|--------|
|        |        |





## SUMMARY

Please list the developmental skills of concern (as indicated by screen) in the relevant boxes below. If there are no concerns, write 'Nil concerns' or leave blank

| DEVELOPMENTAL AREA   | TERM 1 | TERM 3 |
|----------------------|--------|--------|
| Fine Motor           |        |        |
| Gross Motor          |        |        |
| Sensory              |        |        |
| Emotional Regulation |        |        |
| Speech & Language    |        |        |
| Behaviour & Play     |        |        |
| Other                |        |        |

**Signed**

**Date**

**Speech & Language:**

|  |          |
|--|----------|
| Follows simple instructions?   | yes / no |
| Answers simple questions?  | yes / no |
| Understands simple concepts (e.g. put the toy <b>behind</b> the shelf)?            | yes / no |
| Speaks in sentences of 5-6 words?  | yes / no |
| Speaks clearly?  | yes / no |
| Makes speech sounds correctly (NB. Exclude s, z, f, l,sh,ch, j, th and r sounds) ? | yes / no |

**When to refer?** One or more 'no' answers

N.B. For concerns presenting only in the Speech & Language domain, please refer to a Paediatric Speech Pathologist. All other concerns are suitable to be referred to Paediatric Occupational Therapy.

**Behaviour & Play:**

SECTION A

|  |          |
|--|----------|
| Gives appropriate eye contact?   | yes / no |
| Cooperates with requests most of the time?   | yes / no |
| Waits for their turn, shares and plays cooperatively with peers most of the time?                                  | yes / no |
| Engages in pretend play?   | yes / no |
| Manages their emotions in an age appropriate manner?   | yes / no |
| Seeks assistance from adults when required?  | yes / no |
| Shows appropriate concern/empathy for peers?   | yes / no |
| Demonstrates age appropriate self-care skills (e.g. toileting, washing hands, dressing) and follow basic routines? | yes / no |

**When to refer?** Two or more 'no' answers

SECTION B



|  |          |
|--|----------|
| Demonstrates defiant and/or aggressive behaviour, compared with the 'typically developing peer'? | yes / no |
| Demonstrates separation anxiety beyond what would be reasonably expected for their age?          | yes / no |

**When to refer?** One or more 'yes' answers

**Other Concerns (Please specify):**

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