



**Occupational Therapy Pediatric Evaluation  
Activities of Daily Living Checklist**

Childs Name: \_\_\_\_\_ Filled out by: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Chronological Age: \_\_\_\_\_

Please check the level of assistance your child requires for each task.

	<b>Independent</b>	<b>With Some Assistance</b>	<b>With a lot Assistance</b>	<b>With Verbal Prompts</b>	<b>Dependent</b>
<b>Feeding:</b>					
Finger feeds	_____	_____	_____	_____	_____
Can use spoon	_____	_____	_____	_____	_____
Can use fork	_____	_____	_____	_____	_____
Can use Knife	_____	_____	_____	_____	_____
Drinks from cup	_____	_____	_____	_____	_____
<b>Hygiene:</b>					
Washes hands	_____	_____	_____	_____	_____
Dries hands	_____	_____	_____	_____	_____
Brushes teeth	_____	_____	_____	_____	_____
Washes hair	_____	_____	_____	_____	_____
Brush hair	_____	_____	_____	_____	_____
Uses toilet	_____	_____	_____	_____	_____
<b>Dressing:</b>					
Undershirt	_____	_____	_____	_____	_____
Shirt	_____	_____	_____	_____	_____
Sweater	_____	_____	_____	_____	_____
Jacket	_____	_____	_____	_____	_____
Underpants	_____	_____	_____	_____	_____
Pants	_____	_____	_____	_____	_____

	<b>Independent</b>	<b>With Some Assistance</b>	<b>With a lot Assistance</b>	<b>With Verbal Prompts</b>	<b>Dependent</b>
Snow pants	_____	_____	_____	_____	_____
Shoes	_____	_____	_____	_____	_____
Hat	_____	_____	_____	_____	_____
Mittens	_____	_____	_____	_____	_____
Sequencing of Steps	_____	_____	_____	_____	_____
<u>Fasteners:</u>					
Buttons	_____	_____	_____	_____	_____
Zipppers	_____	_____	_____	_____	_____
Belts	_____	_____	_____	_____	_____
Ties shoes	_____	_____	_____	_____	_____
<b>Undressing:</b>					
Undershirt	_____	_____	_____	_____	_____
Shirt	_____	_____	_____	_____	_____
Sweater	_____	_____	_____	_____	_____
Jacket	_____	_____	_____	_____	_____
Underpants	_____	_____	_____	_____	_____
Pants	_____	_____	_____	_____	_____
Snow pants	_____	_____	_____	_____	_____
Socks	_____	_____	_____	_____	_____
Shoes	_____	_____	_____	_____	_____
Hat	_____	_____	_____	_____	_____
Mittens	_____	_____	_____	_____	_____
Sequencing of Steps	_____	_____	_____	_____	_____
<u>Fasteners:</u>					
Buttons	_____	_____	_____	_____	_____
Zipppers	_____	_____	_____	_____	_____
Belts	_____	_____	_____	_____	_____
Ties shoes	_____	_____	_____	_____	_____

**Comments:**

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