

GRIP & MANIPULATION

Multiple Child Documentation Form



Skill A		Skill B		Skill C		Skill D	
<p>Uses early fine motor skills (e.g., fist grip, palmar grasp, or early scissor grip) to hold and/or manipulate items, with whole arm movement.</p> <p>WATCH FOR: Fisted grip, palmar grip, whole arm movement</p>		<p>Uses a more refined grip (e.g., using thumb and finger [pincer grip] or tripod grip) to hold and/or manipulate objects with whole arm movement and increased stability from the shoulder.</p> <p>WATCH FOR: Pincer grip, tripod grip, whole arm but more stability than A</p>		<p>Uses refined wrist and finger movement, beginning to transfer control of movement from the shoulder to the elbow.</p> <p>WATCH FOR: Precise finger and wrist movement Some transfer of control from shoulder to elbow</p>		<p>Uses hands with minimal elbow movement and primary control from wrist and fingers.</p> <p>WATCH FOR: Precise finger and wrist movement Minimal elbow or shoulder movement</p>	
Child	Evidence and Notes (Describe what you observed that provides evidence for the skill selected. Describe any prompts used. Note that a child may be "Emerging" if not yet at Skill A.)						
	1. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation						Learning Status: _____
	2. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation						Learning Status: _____
	3. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation						Learning Status: _____
	4. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation						Learning Status: _____

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	5. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation Learning Status: _____
	6. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation Learning Status: _____
	7. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation Learning Status: _____
	8. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation Learning Status: _____
	9. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation Learning Status: _____
	10. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation Learning Status: _____