



465 Silas Deane Highway
 Wethersfield, CT 06109
 860-721-9999
 860-721-9903
 advancedtherapysol@att.net
 advancedtherapysolutionsct.com

LIFE SKILLS CHECK LIST: AGES 2-3 YEARS

Child: _____ Date: _____ Age: _____

Please complete this check list to help identify areas of strength and concern for your child.

Independent: Child completes task by him/herself, including set-up.

Min. Assist: Child completes 75% of task. May need help setting up, orienting clothes, etc.

Mod. Assist: Child completes 50% of the task and adults complete 50%. i.e.: adult helps the child get his/her legs into pants, then child pulls up.

Max. Assist: Child completes 25% of task. i.e.: adult orients pants, child pushes his/her leg into the pant, then adult helps to pull them up.

Dependent: The child requires adult help for all steps of the task.

Un-Dressing	Independent	Min Assist	Mod. Assist	Max. Assist	Dependent
Socks					
Shoes (Simple)					
Underwear					
Pants					
Shirt					
Jacket					
Hat					
Gloves/Mittens					
Other:					

What type of clothing does your child wear? (Elastic waist pants, snaps, t-shirts, button down shirts etc.)

Dressing	Independent	Min Assist	Mod. Assist	Max. Assist	Dependent
Socks					
Shoes (Simple)					
Underwear					
Pants					
Shirt					
Jacket					
Hat					
Gloves/Mittens					
Other:					

Play/Social	Less than other children	Equal to other children	Slightly more than children	Much more than children
Copies adults and friends				
Shows affection, or becomes excited				

OT Life Skills checklist

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Child: _____

when friends are around				
Takes turns				
Able to share a preferred toy with adult prompting				
Knows names of familiar body parts (i.e. eyes, nose, hands, feet)				
Builds towers of blocks or toys				
Completes simple shape puzzles				
Begins to sort colors or shapes				

Comments: _____

Toileting	Less than other children	Equal to other children	Slightly more than children	Much more than children
Indicates discomfort when wet or soiled				
Has regular bowel movements				
Sits on toilet when placed by adult and supervised (short time)				
Urinating regularly				
Tells someone when they have to use the bathroom				
Needs reminders to use the toilet				
Goes to the bathroom independently				
Needs help with clothing and wiping				

Comments: _____

Feeding	Independent	Min. assist	Mod. assist	Max assist
Has lip closure with spoon feeding from adult				
Able to feed self, soft or small dissolvable foods (i.e. Cheerios)				
Eats mashed table foods				
Beginning to pierce foods with fork				
Can drink through a straw				
Able to consume a variety of liquids through straws (i.e. water, milk, purees)				
Able to drink from and open cup with minimal assistance.				
Able to feed self with spoon for soft or scoop able foods.				

Comments: _____
