Fine Motor Developmental Checklist
Please check yes or no for each of the following:

YES NO

Birth – 3 Months:
- ☐ ☐ Hands are in a fist and thumbs are tucked in
- ☐ ☐ Brings fingers to mouth to suck
- ☐ ☐ Swings at a target using entire arm
- ☐ ☐ Holds objects in hands
- ☐ ☐ Mostly random & spontaneous movements
- ☐ ☐ Follows a moving person with their eyes

3 - 6 Months:
- ☐ ☐ Picks up objects with one hand
- ☐ ☐ Transfers objects from one hand to another
- ☐ ☐ Brings feet to mouth
- ☐ ☐ Holds hands together
- ☐ ☐ Actively holds toy
- ☐ ☐ Looks at objects a few feet away
- ☐ ☐ Makes gurgling sounds when left alone or playing with you

6 – 9 Months:
- ☐ ☐ Rakes small objects with whole hand
- ☐ ☐ Uses thumb & fingertips to grabs cheerio
- ☐ ☐ Uses thumb & side of index finger to grip object
- ☐ ☐ Holds 2 objects, one in each hand
- ☐ ☐ Removes a cube from a cup
- ☐ ☐ Uses both hands to pick up large object

9 – 12 Months:
- ☐ ☐ Uses pincer grasp
- ☐ ☐ Puts small objects in cup or other container
- ☐ ☐ Holds crayon in fist, scribbles
- ☐ ☐ Turns book pages a few at a time
- ☐ ☐ Attempts to imitate new gestrues
- ☐ ☐ Attempts to stack 2 blocks
- ☐ ☐ Releases ball with a controlled release
- ☐ ☐ Uses both hands & begins to show a preference for one hand

YES NO

12 – 18 Months:
- ☐ ☐ Builds a tower of 2 or more cubes
- ☐ ☐ Marks with pencil/crayons
- ☐ ☐ Scribbles spontaneously
- ☐ ☐ Can hold on object with 1 hand & manipulate it with the other hand

18 – 24 Months:
- ☐ ☐ Imitates vertical & circular scribbles
- ☐ ☐ Threads beads on a string
- ☐ ☐ Turns pages of book 2-3 pages at a time
- ☐ ☐ Holds crayons between thumb and fingers
- ☐ ☐ Unscrews a lid on a container
- ☐ ☐ Inserts shapes into shape sorter
- ☐ ☐ Stacks 7 blocks

3 – 4 Years:
- ☐ ☐ Draws or copies a complete circle
- ☐ ☐ Stacks 9 - 10 blocks
- ☐ ☐ Cuts with scissors
- ☐ ☐ Turns pages of a book 1 at a time
- ☐ ☐ Imitates a 3-block bridge
- ☐ ☐ Completes 2 – 4 piece puzzle

4 -5 Years:
- ☐ ☐ Draws recognizable shapes and pictures
- ☐ ☐ Prints four letters of first name
- ☐ ☐ Draws a person that has at least 3 parts (head, eyes, nose, etc.)

If you checked "No" to a majority of the items in an age range, you may want to seek the advice of a licensed occupational therapist. Please contact our office with any questions or to set up an evaluation.