# Gross Motor Skills Questionnaire for Parents

This questionnaire helps identify your child's strengths and areas for growth in gross motor development. Please answer based on your child's typical behavior over the past month.

## 👶 Section 1: General Information

- Child's Name: _____
- Age: _____
- Date Completed: _____
- Parent/Guardian Name: _____

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## 🚶 Section 2: Movement & Mobility

**Please check the box that best describes your child's ability:**

| Skill | Not Yet | Emerging | Consistently |
|---|---|---|---|
| Rolls over from tummy to back and vice versa (infants) | ☐ | ☐ | ☐ |
| Sits without support | ☐ | ☐ | ☐ |
| Crawls or scoots | ☐ | ☐ | ☐ |
| Pulls to stand | ☐ | ☐ | ☐ |
| Walks independently | ☐ | ☐ | ☐ |
| Runs without falling | ☐ | ☐ | ☐ |
| Climbs stairs with or without help | ☐ | ☐ | ☐ |
| Jumps with both feet off the ground | ☐ | ☐ | ☐ |
| Balances on one foot for at least 5 seconds | ☐ | ☐ | ☐ |
| Pedals a tricycle or bicycle | ☐ | ☐ | ☐ |

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## ⛹️ Section 3: Coordination & Control

| Skill | Not Yet | Emerging | Consistently |
|---|---|---|---|
| Throws a ball with direction | ☐ | ☐ | ☐ |
| Catches a ball with hands | ☐ | ☐ | ☐ |
| Kicks a ball forward | ☐ | ☐ | ☐ |
| Walks in a straight line | ☐ | ☐ | ☐ |
| Hops on one foot | ☐ | ☐ | ☐ |
| Skips or gallops | ☐ | ☐ | ☐ |
| Moves with rhythm (e.g., dancing) | ☐ | ☐ | ☐ |

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## 🧗‍♂️ Section 4: Strength & Endurance

| Skill | Not Yet | Emerging | Consistently |
|---|---|---|---|
| Carries objects while walking | ☐ | ☐ | ☐ |
| Pushes or pulls toys while walking | ☐ | ☐ | ☐ |
| Climbs playground equipment | ☐ | ☐ | ☐ |
| Engages in active play for 30+ minutes | ☐ | ☐ | ☐ |
| Participates in sports or group games | ☐ | ☐ | ☐ |

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## 💬 Section 5: Parent Observations

Please answer the following open-ended questions:

1. What activities does your child enjoy that involve movement?
    - _____

2. Are there any movements your child avoids or struggles with?
    - _____

3. Have you noticed any concerns with balance, coordination, or strength?
    - _____

4. Do you feel your child's motor skills are appropriate for their age?
    - _____

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