Fine Motor Skills Questionnaire for Parents

This tool helps you reflect on your child's fine motor development—skills involving small muscle movements, especially in the hands and fingers. 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: _____

🧠 Section 2: Hand & Finger Coordination

Check the box that best describes your child's ability:

Skill	Not Yet	Emerging	Consistently
Grasps small objects using thumb and forefinger (pincer grasp)	☐	☐	☐
Transfers objects from one hand to the other	☐	☐	☐
Stacks blocks or toys	☐	☐	☐
Turns pages in a book (one at a time)	☐	☐	☐
Uses utensils (spoon, fork) independently	☐	☐	☐
Opens and closes containers	☐	☐	☐
Buttons and unbuttons clothing	☐	☐	☐
Zips and unzips	☐	☐	☐
Uses scissors to cut along a line	☐	☐	☐
Manipulates small toys or puzzle pieces	☐	☐	☐

🎨 Section 3: Drawing & Writing Skills

Skill	Not Yet	Emerging	Consistently
Holds crayon or pencil with proper grip	☐	☐	☐
Scribbles with control	☐	☐	☐
Draws simple shapes (circle, square)	☐	☐	☐
Copies lines and shapes	☐	☐	☐
Writes letters or numbers	☐	☐	☐
Colors within lines	☐	☐	☐
Traces patterns or letters	☐	☐	☐

🧩 Section 4: Daily Life Skills

Skill	Not Yet	Emerging	Consistently
Brushes teeth independently	☐	☐	☐
Washes and dries hands	☐	☐	☐
Feeds self without spilling	☐	☐	☐
Packs or unpacks a backpack	☐	☐	☐
Ties shoelaces	☐	☐	☐

💬 Section 5: Parent Observations

Please answer the following open-ended questions:

1. What fine motor activities does your child enjoy (e.g., drawing, building)?
   - _____
2. Are there any tasks your child avoids or finds difficult?
   - _____
3. Have you noticed any concerns with hand strength, coordination, or grip?
   - _____

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