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## PR-06 EVALUATION TEAM REPORT (ETR) (Fine Motor Skills)

Please complete the attached ETR for this student's reevaluation/evaluation (*type or use ink*).

Below are some area specific statements and/or questions to GUIDE your responses (Please feel free to also include behavioral information).

On the attached form in the **Summary of Assessment(s) Results** section, please respond specifically to the statements or questions below **IN NARRATIVE/DATA FORMAT**:

State:

handedness (i.e. right, left, no dominance).

occupational therapy, if currently receiving.

Describe the student's performance compared with other student's

his/her age in the following areas:

fine motor activity involving coordinated, efficient movement of  
 body parts (posture, position of head, etc.).

use of classroom supplies, i.e. scissors, compass or protractor, etc.

using both hands in a coordinated manner during activities i.e.

typing, sipping, buttoning, cutting, and tying, etc.

performing eye-hand coordination tasks i.e. opening doors,

sharpening pencils, buttoning, etc.

holding the pencil adequately and applying adequate pressure and grip.

legibility of written work i.e. colors within lines,

manuscript/cursive is adequately spaced and orderly, etc.

completion of fine motor tasks without becoming frustrated.

completion of fine motor tasks within usual time limits.

In the **Description of Educational Needs** section:

Describe the student's weaknesses, adverse affect,

if any, on academic performance and self-help skills and educational needs (state accommodations, modifications, etc., if needed).

In the **Implications for Instruction and Progress Monitoring** section:

Describe/identify the instructional implications of the fine motor weaknesses, if any, on the student's ability to perform in the general education curriculum and other school related tasks.

Sign, state your position and date form.

Please remember to type or use ink to report information on the attached ETR as it **WILL BE INCLUDED IN THE COMPOSITE ETR AND BECOME PART OF THIS STUDENT'S RECORDS.**

The attached form must be returned to \_\_\_\_\_ by \_\_\_\_\_.  
**Thank you; your input is important.**

Please contact \_\_\_\_\_ by phone at \_\_\_\_\_  
 or e-mail \_\_\_\_\_ if you have any questions or concerns.