

Sensory Processing/Developmental History Ages 6 and Older

Child's Name: _____ DOB: _____ Age: _____
Parents/Guardians Name(s): _____
Address: _____ City: _____ ST: _____ Zip: _____
Phone (H) _____ (Cell) _____ (Work) _____
Medical History: _____
Hospitalizations: _____
Surgery: _____
Ear Infections: _____ Frequency: _____
PE Tubes in Ears: _____ Date(s): _____
Allergies: _____
Medications: _____
Diagnosis: _____

Birth History: (circle all that apply)

Premature _____ Number of weeks? _____
Vaginal _____ C-section _____ Scheduled/ Emergency _____
Forceps for delivery _____ Vacuum for delivery _____ Breech (feet first) _____
Required NICU hospitalization _____ How long? _____

Infancy and Early Childhood

Sleeping problems:

Feeding problems: Colic _____ Reflux _____ Other problems: _____

Preferred positions as infant (describe):

Movement (circle): _____ Assists in calming child _____ Made child nauseated _____

Crawling phase: absent _____ brief _____ commando _____ creep on all 4's _____

Experienced delays/hesitancy with stairs, stepping over objects, off curbs _____

Delays in developmental milestones: _____

Describe child's behavior (terrible two's) (current):

Parent Concerns:

Circle areas of difficulty, make comments as apply to your child. If he/she has many problems in one area or several items in 3 or more categories call PTS to refer for an occupational therapy evaluation.

Vestibular system, Movement, Balance

Excessively fearful of movement (swings, slides, going up/down stairs)

Gets nausea or vomits from movement or riding in car

Head moves with eyes when reading or playing computer game
Avoids balance activities
Rocks while sitting
Falls out of chair when shifting his/her body
Gets lost in stores or can't find way to classroom
Seeks excessive fast movements whirling, fast spinning rides
Difficulty learning to ride a bike without training wheels

Proprioceptive Functioning (Body Awareness)

Grasps objects so tightly it is difficult to use object
Grinds teeth
Seeks activities such as pushing, pulling, dragging, lifting and jumping
Tends to break toys
Has difficulty playing with animals appropriately (pets with too much force)
Exerts too much effort for task (slams doors, walks heavily, presses too hard with pencil)
Craves hugging or rough playing
Chews on hard candy rather than sucking on it

Tactile System

Prefers to touch rather than be touched
Dislikes going barefoot or insists on always wearing shoes
Pulls away or startles with light touch
Dislikes/complains of clothing or sheet textures, tags, etc.
Refuses to wear hats or sunglasses
Wears long sleeves or coats when not needed
Difficulty tolerating hair cuts, finger or toe nails cut
Resistive of teeth brushing
Resists messy play or foods that are messy

Visual Motor Integration/Fine motor

Difficulty telling the difference between figures that are similar b with p, + with x
Sensitive to bright lights (blinks, squints, closes eyes or cries)
Difficulty keeping eyes on tasks
Rubs eyes frequently
Difficulty finding items lying on top of other items
Difficulty following objects with eyes, keeping place while reading, copying from blackboard to desk
Difficulty printing 3 or more simple 3 letter words without visual model
Difficulty printing all letters and numbers 0-9 without copying
Difficulty uses simple tools like a screwdriver

Self Care/ADL's

Dresses/undresses without assistance including small fasteners and shoe tie
Able to cut foods safely, feeds self independently using utensils
Independent with oral hygiene

Bilateral Coordination/Motor Planning

Difficulty ideating, organizing and sequencing movement to complete a task

Difficulty with timing/rhythm

Poor coordination of arms and legs for motor sequences (ex. Jumping jacks, skipping)

Problems manipulating materials to construct an object

Difficulty riding a bike without training wheels

Social Skills/Behavior

Difficulty with transitions, changes

Easily Frustrated, anxious

Poor self-esteem

Clingy, cries often

Tantrums

Stubborn, inflexible