Sensory Processing/Developmental History Checklist
Children Birth to 3 years

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

Child's Birth: Circle all that apply
Vaginal
C-section Emergency or Scheduled
Forceps for delivery
Vacuum for delivery
Breech (feet first)
Premature yes/no Number of weeks?_____
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: _____

Parent Concerns:

Circle areas of difficulty. Make comments if applicable at end of each section. If child has difficulty with several items in 3 or more areas and all items in one area please call PTS to refer for an occupational therapy evaluation.

Touch, Bathing, Dressing, Feeding
Child resists cuddling to adult body, pulls away or arches their body most of the time
Prefers to be naked or just in a diaper (resists having clothing put on)
Dislikes/ resists face or hair washing, teeth being brushed, nails clipped
Doesn't notice pain when falling, getting medical shots, bumping into something

Movement and balance (vestibular system)
Constantly moving, running, rocking compared to peers
Clumsy, frequent falls, bumps into things, poor balance
Skipped crawling phase went straight to walking
Fearful of being swung around though held securely

Visual and Fine Motor Skills
Sensitive to bright lights (closes or squints eyes, may cry)
Does not look at adults face/ mouth especially during feeding
Avoids eye contact
Becomes overly excited or withdraws in grocery stores, restaurants, etc.
Has difficulty using hands/ eyes together effectively to play with toy
Does not stabilize toys with one hand while using opposite hand to stack, nest toys
Cannot operate levers on age appropriate toys

Sound, Listening, Language
Child is extremely fearful/startled of typical environmental sounds like vacuum, dog barking, sounds on TV
Hearing is normal but child doesn't respond to verbal cues from parent
Distracted by sounds typically not noticed by others (train in the distance, kitchen appliances, etc.)
Child does not babble of vocalize compared to peers

Play Skills
Wanders around playroom, unable to initiate purposeful play
Does not demonstrate imitative play(over 10 mos.)
Doesn't have favorite movement games, songs or anticipate these activities with parent or siblings
Behaviors such as hand flapping, staring at spinning objects, lying on side and lining up toys predominate play

Emotional Attachment/Functioning
Self abusive (bangs head, bites self)
Prefers to play with toys rather than people
Others can't understand child's interactions

Self care skills, eating, sleeping
Has not developed predictable sleep patterns (should sleep all night by 6 mos.)
Requires extensive help to fall asleep (rocking, car rides, hair stroking)
Eats only soft foods after 9 months of age
Excessive drooling (beyond teething stage)
Avoids finger feeding
Has trouble coordinating sucking, swallowing, breathing

Self regulation and Attention
Irritable/fussy
Unable to calm with pacifier, caregiver holding, talking (>9 months)
Distress with transitions (changing activities)
Too distracted to stay seated for meals

Sensory Processing/Developmental History Checklist Ages 3-6

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:

<u>Circle</u> <u>areas</u> <u>of</u> <u>difficulty</u>. 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
Tended to arch back when held or moved as an infant

Fear of climbing, falling when no danger exists
Has excessive dizziness /nausea from swinging, riding in car,
Dislikes being moved by someone else, having feet off the ground
Seeks intense movement compared to peers
Can't sit still
Shakes head vigorously, assumes upside down positions more frequently than peers
Trips easily, clumsy

Proprioceptive Functioning (Body Awareness)
Plays roughly with people or objects
Uses too little or to much force
Bumps into things/poor body awareness in relation to objects in environment
Seeks to crash or fall into things more than peers
Stamps or slaps feed when walking
Walks on toes frequently
Wants prolonged hugs or gives prolonged hugs
Poor posture

Tactile (Touch) Processing
Withdraws from cuddling, touch by parents
Complains about clothing textures (tags, socks, wants clothes very loose or very tight)
Dislikes a variety of food textures (picky eater)
Withdraws from light touch such as showering, playing in sprinkler
Avoids play with messy materials (finger paints, glue)
Tantrums with hair cutting nail trimming, hair cuts

Visual Motor Integration/Fine Motor Skills
Difficulty tracking objects in horizontal, vertical or circular planes
Poor eye contact
Problems coordinating eyes with reach and grasp
Difficulty completing simple puzzles, blocks, turning dials on age appropriate toys
Problems brushing teeth with horizontal and vertical movements
Problems using age appropriate toys or tools such as play hammer, scissors, spoon, fork
Sensitive to bright lights compared to peers

Self-Care Skills
Has difficulty using utensils, drinking from an open cup or using a straw
Has difficulty undressing/dressing self
Has not developed predictable sleep schedules
Has difficulty with buttons, zippers, snaps, belts on clothing

Play /Social Skills/Emotional Attachment/Behavior
Does not demonstrate creative/imitative play
Wanders around playroom or playground unable to initiate purposeful play
Does not have favorite games, songs or toys
Often breaks toys or other things destructively
Prefers to play with objects rather than people
Self abusive (bangs head, bites self, scratches self until bleeds)

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