

Emerge - A Child's Place

Pediatric Occupational and Speech Therapy Services
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SENSORIMOTOR HISTORY

Child's Name: _____

Date: _____

Please check *yes* or *no* for each item. Mark N/A for any items not appropriate for your child. If any characteristic was true at a younger age but is no longer, please indicate by checking the appropriate box.

BASIC SENSORY FUNCTIONING

		YES	NO	When younger	Comments
1	Seems fearful of movement or heights i.e. going up/down stairs, climbing, or playing on swings				
2	Craves or seeks out spinning; does not get dizzy				
3	Enjoys fast rides				
4	Gets car sick easily				
5	Becomes dizzy easily				
6	Dislikes having face washed and/or teeth brushed				
7	Dislikes being touched unexpectedly				
8	Avoids getting hands in paste, fingerpaint or other 'messy' material				
9	Dislikes having hair washed, brushed, and/or cut				
10	Bother by tags or dislikes certain material in clothing				
11	Refuses to wear certain types of clothing				
12	Does not dress appropriately to the weather				
13	Tends to bump or push others, esp. when standing in line or seated in circle				
14	Tends to feel or react to pain more than others				
15	Less aware/responsive to pain than others				

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VISUAL

		YES	NO	When younger	Comments...
1	Bumps into furniture, walls, etc. often				
2	Poor eye contact				
3	Dislikes bright lights or sunshine				
4	Difficulty putting together puzzles				
5	Poor understanding of spatial or directional Concepts (before, behind, right, left)				
6	Poor spacing of work on paper				
7	Reverses or omits numbers, letters, or words				
8	Gets lost easily, even in familiar surroundings				

AUDITORY

		YES	NO	Younger	Comments
1	Responds negatively to loud or unexpected noises				
2	Has difficulty functioning or paying attention if there is a lot of noise around				
3	Does not appear to hear all sounds				
4	Speech is difficult to understand				
5	Has difficulty following directions				
6	Difficulty comprehending what's going on				

GUSTATORY-OLFACTORY-ELIMINATION

		YES	NO	When Younger	Comments...
1	Refuses to eat many foods, limited diet				
2	Explores by smelling				
3	Reacts negatively to smell				
4	Trouble learning urinary control				
5	Trouble learning bowel control				

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MOTOR SKILLS

		YES	NO	When Younger	COMMENTS...
1	Unusual walking pattern (drags feet, walks on toes, stiff, falls often)				
2	Appears awkward or clumsy				
3	Avoids certain motor tasks				
4	Difficulty dressing self				
5	Difficulty handling clothing fasteners				
6	Difficulty with toileting skills				
7	Difficulty with cutting, drawing, writing				
8	Inconsistent hand dominance				
9	Poor energy/endurance				

SOCIAL-EMOTIONAL

		YES	NO	When younger	Comments.....
1	Easily distracted				
2	Impulsive				
3	Lacks confidence (says 'I can't or 'too hard')				
4	Easily frustrated				
5	Dislikes changes in routine				
6	Disorganized. messy				
7	Slow completing routine tasks or school work				
8	Wiggles a lot, can't sit still				
9	Happiest playing alone				
10	Finds it hard to make friends among peers				
11	Prefers to play with younger (or older) children				
12	Poor response to behavioral interventions				
13	Has temper tantrums				
14	Seems anxious				
15	Tends to be controlling				