

Sensory Motor History

Child's Name: _____

In order to understand your child's needs, it is helpful to include your views of some specific behaviors or problems your child now displays or perhaps did display in the past.

Try to indicate how often the following behaviors occur(ed) by circling the appropriate letter in the left hand column. (N = Never O = Occasionally F = Frequently C = Consistently)

Touch Sensation

- N O F C 1. Seems bothered by going barefoot.
- N O F C 2. Seems bothered by fuzzy socks and/or shirts.
- N O F C 3. Seems bothered by turtleneck shirts
- N O F C 4. Dislikes the "feel" of new clothes or certain textures.
- N O F C 5. Dislikes having face washed.
- N O F C 6. Dislikes having hair washed or combed.
- N O F C 7. Dislikes having nails cut.
- N O F C 8. Dislikes playing on a carpet.
- N O F C 9. After someone touches the child, he/she scratches or rubs the spot.
- N O F C 10. Seems bothered by walking barefoot in the grass or sand.
- N O F C 11. Dislikes getting dirty.
- N O F C 12. Dislikes finger painting, playing in sand, paste, or mud.
- N O F C 13. Seems bothered when standing in line with other children.
- N O F C 14. Doesn't always know when hurt.

Auditory Sensation

- N O F C 1. Overly sensitive to sounds.
- N O F C 2. Needs directions repeated.
- N O F C 3. Misses some sounds and/or parts of conversation.
- N O F C 4. Confuses some sounds.
- N O F C 5. Likes to make loud noises.
- N O F C 6. Talks loudly.
- N O F C 7. Has lots of ear infections.

Olfactory Sensation

- N O F C 1. Overly sensitive to certain smells.
- N O F C 2. Ignores noxious or strong odors.
- N O F C 3. Difficulty discriminating odors.
- N O F C 4. Smells food, objects for exploration.

Gustatory Sensation

- N O F C 1. Overly sensitive to certain textures of food.
- N O F C 2. Overly sensitive to certain temperatures of food.
- N O F C 3. Acts as though all foods taste the same.
- N O F C 4. Mouths objects

Visual Sensation and Perception

- N O F C 1. Has difficulty keeping eyes on objects.
- N O F C 2. Uses head movements when visually tracking.
- N O F C 3. Appears overly sensitive to light.
- N O F C 4. Rubs eyes or complains of headaches.
- N O F C 5. Closes one eye and/or tips head when looking/reading.
- N O F C 6. Becomes distracted by visual input.
- N O F C 7. Has difficulty discriminating colors, shapes, sizes.
- N O F C 8. Has trouble with puzzles.
- N O F C 9. Confuses foreground and background in pictures.

Movement Sensation

- N O F C 1. Fearful of going up/down stairs, riding a teeter-totter, going on a swing, etc.
- N O F C 2. Gets dizzy or sick in cars, elevators, rides or planes.
- N O F C 3. Dislikes trying new movement activities.
- N O F C 4. Prefers fast moving or spinning activities such as carnival rides, roller coasters, etc.
- N O F C 5. Likes/liked being tossed in the air.
- N O F C 6. Does not catch self easily when falls.
- N O F C 7. Doesn't get dizzy.
- N O F C 8. Fearful of being upside down.

Motor Planning

- N O F C 1. Difficulty with new motor activities.
- N O F C 2. Makes simple tasks complicated.
- N O F C 3. Watches hands and feet while moving them.
- N O F C 4. Can do an activity one day, but not the next.

Muscle Strength

- N O F C 1. Slouches when sitting or standing.
- N O F C 2. Grasps objects too tightly.
- N O F C 3. Tires easily.
- N O F C 4. Seems weaker or stronger than average.
- N O F C 5. Moves slower or faster than other children.

Coordination

- N O F C 1. Seems accident prone.
- N O F C 2. Seems clumsy.
- N O F C 3. Falls, trips, bumps into things.
- N O F C 4. Difficulty hopping, skipping, running, jumping.
- N O F C 5. Moves entire body instead of turning head.
- N O F C 6. Walks on tiptoes.

Fine Motor Coordination

- N O F C 1. Switches hands during fine motor tasks.
- N O F C 2. Difficulty manipulating small objects or tools.
- N O F C 3. Unusual pencil grasp.
- N O F C 4. Makes strokes too heavy or too light.
- N O F C 5. Makes letters of inconsistent sizes.
- N O F C 6. Has trouble staying within the lines on the paper.
- N O F C 7. Has trouble discriminating between upper and lower case letters.
- N O F C 8. Organizes papers poorly.
- N O F C 9. Difficulty with zippers, snaps, buttons, laces.

Please circle all that applies to your child

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|-----------------------------------|-------------------------------------|
| Distractible | Poor Handwriting |
| Overly Active | Loses Place When Reading |
| Short Attention Span | Poor Right/Left Discrimination |
| Poor Self Confidence | Poor Understanding Of Time Concepts |
| Cries Easily | Generally Disorganized |
| Very Shy | Wears Glasses for _____ |
| Aggressive (at times) | Wears Hearing Aides |
| Easily Frustrated | Easily Lost |
| Poor Impulse Control | Trouble Sitting Still |
| Difficult Time Waiting For Things | Difficult Time With Peers |
| Under Active | Avoided By Other Kids |
| Sensitive To Criticism | Developmental Milestones Delayed |
| Learning Problems | Self-Stimulating <u>Behaviors</u> |
| | Self-Abusive Behaviors |