

## SENSORY PROCESSING and MOTOR CONTROL

### QUESTION SCORING:

|           |   |
|-----------|---|
| <b>X</b>  | Currently applies to your child, delete or modify parts of items as required. |
| <b>XX</b> | Items which are of particular concern   |
| <b>P</b>  | Used to be a problem, now resolved  |

### VESTIBULAR (MOVEMENT and BALANCE)

|  | COMMENTS: |
|--|-----------|
| Becomes overly excited after movement activity                         |           |
| Thrill seeker on playground  |           |
| Avoids movement equipment on playground                                |           |
| Only plays on SWINGS on playground                                     |           |
| Difficulty sitting still   |           |
| Seeks intense movement; spins, twirls, bounces, jumps, rocks           |           |
| Shakes head vigorously, assumes upside down position frequently        |           |
| Uncomfortable on elevators, escalators, motion sickness                |           |
| Excessive dizziness or nausea from swinging, spinning, car             |           |
| Preoccupied with movement activities                                   |           |
| Avoids activities which requires balance                               |           |
| Poor negotiation on uneven terrain                                     |           |
| Loses balance easily   |           |
| As infant, tended to arch back when held or moved                      |           |
| Avoid activities in which feet leaves the ground                       |           |
| Fearful of simple challenges to balance                                |           |
| Fear of falling when no real danger exists                             |           |
| Trips easy, clumsiness   |           |
| Fear of heights, climbing  |           |
| Fearful or hesitant when climbing, descending stairs                   |           |
| Dislikes being moved   |           |
| Protests head being tipped backward                                    |           |
| Fearful of being tossed in air or turned upside down                   |           |
| Bumps head often, doesn't extend arms when pushed from behind          |           |
| Often holds head, neck, and shoulders stiffly                          |           |
| Holds head upright when bending over or leaning (dislikes somersaults) |           |

## PROPRIOCEPTIVE FUNCTIONS

|  | COMMENTS: |
|--|-----------|
| Difficulty grading movement, uses too little or too much power/force |           |
| Insecure regarding body movement                                     |           |
| Poor posture / postural instability                                  |           |
| Slumps in chair with rounded back and head forward and extended      |           |
| Props head on hand or forearm  |           |
| Prefers/avoid crunchy or chewy foods                                 |           |
| Difficulty changing positions or moving slowly                       |           |
| Avoids vibratory devices   |           |
| Seeks vibratory stimulation  |           |
| Craves tumbling or wrestling   |           |
| Frequently gives or requests firm or prolonged hugs                  |           |
| Seeks out adults when on playground                                  |           |
| Walks on toes frequently   |           |
| Drags feet or poor heel-toe pattern when walking                     |           |
| Wide-based stance  |           |
| Turns whole body to look at person or object                         |           |
| Moves stiffly  |           |
| Head, neck, shoulder rigidity  |           |
| Plays roughly with people or objects                                 |           |
| Bumps into things  |           |
| Avoids participation in ordinary movement experiences                |           |
| Resists new physical challenges, saying "I can't" without attempting |           |
| Seems weaker or tires more easily than peers                         |           |
| Appears lethargic  |           |
| Seeks sedentary play   |           |
| Leans on objects, people for stability                               |           |
| Weak pencil grasp, little pencil pressure                            |           |
| Cannot lift heavy objects  |           |
| Moves with bursts of activity rather than sustained movement         |           |
| Achieves standing posture by pushing off floor with hands            |           |
| W-sits   |           |
| Loose joints   |           |
| Collapses onto furniture   |           |
| Avoids "heavy work" activities                                       |           |
| Seeks opportunities to fall, crashes into things                     |           |
| Stamps or slaps feet on ground when walking                          |           |
| Cracks knuckles  |           |
| Sets jaw when applying effort with extremities                       |           |

|  |   |  |
|--|---|--|
|  | Grinds or clenches teeth, bites or chew objects, clothing |  |
|--|---|--|

**TACTILE FUNCTION**

|  |  | COMMENTS: |
|--|--|-----------|
|  | Excessive reaction to light touch sensation                        |           |
|  | As infant, not calmed by cuddling/stroking                         |           |
|  | Difficulty standing in line or close to other people               |           |
|  | Stands too close to people to the point of irritation              |           |
|  | Tenses when patted affectionately                                  |           |
|  | Negative reaction to unseen, unexpected touch                      |           |
|  | Clothes cover entire body, regardless of weather                   |           |
|  | Wears minimal clothes regardless of weather                        |           |
|  | Avoids certain textures of clothing, materials                     |           |
|  | Avoids putting hands in messy substances/getting dirty             |           |
|  | Engages in self-injurious behavior                                 |           |
|  | Likes to be wrapped tightly in sheet or blanket                    |           |
|  | Seeks tight spaces   |           |
|  | Engages in self-stimulatory behavior                               |           |
|  | Frequently adjusts clothing as if uncomfortable                    |           |
|  | Touches everything, can't keep hands to self                       |           |
|  | No apparent response to being touched or bumped                    |           |
|  | Avoids busy unpredictable environments                             |           |
|  | Intent on controlling/manipulating to keep environment predictable |           |
|  | Resistive to personal grooming activities                          |           |
|  | Extreme reaction to tickling                                       |           |
|  | Examines objects by placing in mouth                               |           |
|  | Appears over sensitive to pain                                     |           |
|  | Avoids crunchy, chewy foods  |           |
|  | Socks have to be just right, no wrinkles, twisted seams            |           |
|  | Picky eater, prefers certain textures                              |           |
|  | Limits self to particular foods/temperatures                       |           |
|  | Hands seem to be unfamiliar appendages                             |           |
|  | Difficulty identifying which body part touched without vision      |           |
|  | Untidy messy dresser   |           |
|  | Shoes worn loose or untied, or on wrong feet                       |           |
|  | Unable to identify familiar objects via touch only                 |           |
|  | Poor awareness of body part relationships                          |           |
|  | Rubs or scratches a spot that has been touched                     |           |
|  | Hyper-sensitive gag reflex   |           |
|  | Avoids/seeking going barefoot on textured surfaces                 |           |

## AUDITORY

|  | COMMENTS: |
|--|-----------|
| Overly sensitive to loud sounds or noises                      |           |
| Overreacts to unexpected or loud noises (sirens, etc.)         |           |
| Covers ears to shut out auditory input                         |           |
| Hears sounds others don't hear, or before others notice        |           |
| Sensitive to certain voice pitches                             |           |
| "Tunes out" or ignores sounds nearby                           |           |
| Unable to pay attention when there are other sounds nearby     |           |
| Irrational fear of noisy appliances                            |           |
| Can only work with stereo, TV on                               |           |
| Hums, sings softly, "self-talks" through a task                |           |
| Voice volume too soft or too loud                              |           |
| Seeks out toys, other objects which make sound                 |           |
| Craves music, other specific sounds                            |           |
| Needs visual cue to respond to verbal commands or requests     |           |
| Needs increased volume to respond                              |           |
| Mispronounces words  |           |
| Doesn't respond when name is called                            |           |
| Appears not to hear what is said                               |           |
| Misunderstands what you say                                    |           |
| Doesn't seem to hear the beginning or middle of statements     |           |
| Frequently asks you to repeat what you have said               |           |
| Slow or delayed responses                                      |           |
| Difficulty sequencing the order of events when telling a story |           |
| Word finding difficulty  |           |
| Not precise in word selection                                  |           |
| Limited use of descriptive vocabulary                          |           |
| Participates little in conversations                           |           |
| Enjoys strange noises, makes repetitive sounds                 |           |
| Talks self through task  |           |

## OCULO-MOTOR CONTROL and VISUAL PERCEPTION

|  |  | COMMENTS: |
|--|--|-----------|
|  | Poor depth perception, difficulty of hesitancy climbing or descending stairs |           |
|  | Poor awareness or space in relation to things around self                    |           |
|  | Skips words/lines or loses place when reading                                |           |
|  | Letter/number/word reversals   |           |
|  | Overly sensitive to lights/sunlight  |           |
|  | Difficulty tracking a moving target  |           |
|  | Poor visual monitoring of hand when writing/manipulating objects             |           |
|  | Poor eye contact   |           |
|  | Dislikes having vision occluded or being in the dark                         |           |
|  | Difficulty with near/far accommodation                                       |           |
|  | Squints, bloodshot eyes, eyes tear, raises eyebrows                          |           |
|  | Poor depth perception  |           |
|  | Gets lost easily   |           |
|  | Poor visual monitoring of environment  |           |
|  | Hypervigilant or visually distracted   |           |
|  | Difficulty with puzzles  |           |
|  | Writing illegible/misplaced on lines or page                                 |           |
|  | Dislikes/likes drawing   |           |
|  | Difficulty finding objects in complex background                             |           |
|  | Overstimulated by busy visual environment                                    |           |
|  | Keeps eyes too close to work   |           |
|  | Tilts head/props head/lays head on arm with deskwork                         |           |
|  | Uses peripheral more than central vision                                     |           |

## TASTE AND SMELL

|  |   | COMMENTS: |
|--|---|-----------|
|  | Highly sensitive to common odors or faint odors unnoticed by others |           |
|  | Does not seem to notice unpleasant smells                           |           |
|  | Will not taste food prior to smelling it and approving of its smell |           |
|  | Prefers bland food/highly seasoned foods                            |           |
|  | Hypersensitive to body odors (breath, soap, perfume)                |           |
|  | Tends to be overly focused on the taste or smell of non-food items  |           |

**SUCK, SWALLOW, BREATHE SYNCHRONY**

|  |  | COMMENTS: |
|--|--|-----------|
|  | Difficulty using straw                         |           |
|  | Poor lip closure on eating, drinking, utensils |           |
|  | Limited skill with blow toys                   |           |
|  | Unable to whistle                              |           |
|  | Poor saliva control/drooling                   |           |
|  | Tongue thrust                                  |           |
|  | Chokes easily on liquids and/or solids         |           |
|  | Shallow breathing pattern                      |           |
|  | Holds breath when applying effort              |           |
|  | Poor breath support for speech/gasps           |           |
|  | “Breathy” speech                               |           |
|  | Speech volume barely audible                   |           |
|  | Puts hands on hips to increase lung capacity   |           |
|  | Mouth breathing                                |           |
|  | Lower rib cage flared                          |           |

**FINE MOTOR SKILL**

|  |  | COMMENTS: |
|--|--|-----------|
|  | Difficulty drawing, coloring, cutting, avoidance of these activities |           |
|  | Lines drawn are too light, wobbly, too dark, breaks pencil often     |           |
|  | Lack of well established hand dominance                              |           |
|  | Difficulty using two hands together                                  |           |
|  | Prefers to eat with finger, messy eater                              |           |
|  | Snaps, Zippers, Buttons are difficult/impossible to manage           |           |
|  | Immature grasp of tools such as pencil, fork, and spoon, toothbrush  |           |
|  | Enjoys manipulatives, puzzles, toys                                  |           |

## BILATERAL MOTOR COORDINATION & MOTOR PLANNING

|  |  | COMMENTS: |
|--|--|-----------|
|  | Difficulty crossing body midline with head or extremities                      |           |
|  | Limited rotation of pelvis and/or shoulder girdle around central core of body  |           |
|  | Poor coordination of both eyes, hands, or legs for symmetrical movements       |           |
|  | Difficulty performing two different tasks at same time                         |           |
|  | Letter and number reversals  |           |
|  | Poor reading speed and/or comprehension  |           |
|  | Ambidexterity/mixed hand dominance   |           |
|  | Difficulty with projected actions sequences                                    |           |
|  | Difficulty performing a new as opposed to a habitual motor response strategy   |           |
|  | Difficulty with timing and rhythm of movements                                 |           |
|  | Disorganized approach to tasks   |           |
|  | Prefers talking to doing   |           |
|  | Problems in construction and/or manipulation of materials                      |           |
|  | Poor articulation  |           |
|  | Writing deficits   |           |
|  | Unable to conceive, organize, sequence movements required to complete a task   |           |
|  | Insufficient body awareness  |           |
|  | Inefficient/disorganized with self-help skills                                 |           |
|  | Poor gross/fine motor control of body when attempting new activities           |           |
|  | Misunderstands meaning of verbal cues when instructed to move or position body |           |
|  | Poor visuomotor coordination   |           |
|  | Difficulty imitating motions or playing games such as "Simon says"             |           |
|  | Fails to adapt body posture to demands of activity                             |           |
|  | Extraneous movement relative to demands of task                                |           |

## EMOTIONAL/SOCIAL BEHAVIORS

|   | COMMENTS: |
|---|-----------|
| Intense, explosive                            |           |
| Easily frustrated, anxious                    |           |
| Can't sit still, hyperactive                  |           |
| Clingy, whiny, cries easily                   |           |
| Stubborn, inflexible, uncooperative           |           |
| Poor self-concept/low self-esteem             |           |
| Highly sensitive/can't take criticism         |           |
| Feelings of failure/frustration               |           |
| Gives up easily                               |           |
| Hard to awaken                                |           |
| "Up and ready to go"                          |           |
| Hard to get to sleep                          |           |
| Difficulty making choices                     |           |
| Tantrums                                      |           |
| Restless/deep/light sleeper                   |           |
| Fearful                                       |           |
| Unable to adjust to changes in routine        |           |
| Slow to, or unable to make timely transitions |           |
| Prefers company of adults                     |           |
| Prefers to play with younger children         |           |
| Easily discouraged or depressed               |           |
| Enjoy team sports                             |           |
| Poor loser                                    |           |
| Fails to see humor in situations              |           |
| Needs more protection from life than peers    |           |
| Accident prone                                |           |
| Difficulty expressing emotions verbally       |           |
| Overly serious                                |           |
| Active, outgoing, enthusiastic                |           |
| Inefficient way of doing things               |           |
| Can be stubborn, uncooperative                |           |