

OT 4 KIDs Associates, INC

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Sensory / Motor and Developmental History

Child's Name _____ Birth Date _____

Child's School _____ Grade _____

Parent

Name _____

Occupation _____

Employer _____

Work or Cell Phone _____

Parent Name _____

Occupation _____

Employer _____

Work or Cell Phone _____

Home Address _____

Home Phone and E mail _____

Child's

Physician _____

In case of emergency and parents not available, contact:

Medical and Developmental History:

Was there any difficulty with pregnancy, labor or delivery of your child? If so explain _____

If your child was adopted, do you have information about the birth mother's health and pregnancy? _____

Were developmental milestones reached within the normal time frame? (Sitting alone, crawling, walking, dressing, talking, etc.?)

Speech seems reasonably normal? _____ Early Speech? _____

Difficult to understand? _____

From infancy to 2 years old, did your child enjoy being held? _____

Dislike? _____ Indifferent? _____

Does your child have any skin sensitivity / allergy? _____

Does your child have a history of frequent ear infections?

Is your child currently taking any medication and purpose?

Has your child ever had any major illness, been hospitalized / surgeries? If yes, please elaborate: _____

Does your child have a diagnosis? Please share. _____

Is your child currently receiving therapy or special assistance from any other professionals? If so, please indicate:

Does your child have any physical condition such as a heart condition, seizures, or a tendency to bleed or bruise easily that should be considered in relation to physical activity? If so, please elaborate: _____

Does your child have food allergies or special dietary conditions we should be aware of? Please provide details: _____

Does your child have any bedtime problems? (getting to bed? falling asleep? bed wetting? nightmares) _____

Does your child have trouble reading body signals i.e. need to go to the bathroom (bowel or bladder). Hunger? Does he/she wait until the last minute and then it's an emergency _____

Does your child have any specific fears or avoidances?

Names and ages of brothers and sisters:

Is there any history in the family or extended family of any learning difficulty, attention issues, or social / emotional difficulty, similar challenges as a child?

Child's Hand Dominance: Right _____ Left _____ Mixed _____

Is your child independent in self care activities? _____

Washing _____ Brushing Hair _____ Brushing Teeth _____

Using Eating Utensils (knife, fork, etc.) _____ Tying Shoes _____

Buttoning _____ Dressing Self _____ Toileting _____

What are your child's favorite activities, sports hobbies, school subjects? When alone, how does he or she like to spend time? _____

Please share your child's special areas of strength in terms of personality as well as abilities:

What are specific areas of challenge for your child in the Home, School or Community Environments?

1. _____

2. _____

3. _____

4. _____

What is the hardest time of day for your child and your family?

The following areas may be addressed in OT. Please indicate which of the following most impact your child's participation, engagement, enjoyment and quality of life:

- Gross Motor Skills
- Fine Motor Skills / Graphomotor ability
- Adaptability (i.e. Ability to transition, tolerate changes in routine, etc.)
- Self esteem & confidence
- Self Care (Dressing, feeding, toileting)
- Emotional Control & Self-Regulation (Control)
- Social Participation
- Parent Training

What are your goals for your child or what would you like your child to achieve through OT?

Please check the following descriptions that apply to your child:

Visual / Spatial

- Has a diagnosed visual defect:
Describe _____
- Blinks or seems irritated by bright lights
- Becomes overly stimulated if surrounded by much visual stimuli
- Loses place when reading
- Tends to draw some letters or numbers backwards
- Confuses reversible words such as saw and was
- Has difficulty with mazes or puzzles
- Gets lost easily

Auditory and Language

- Has a diagnosed hearing loss
- Has speech or articulation difficulties
- Has difficulty expressing what he/she wants to say
- Has difficulty understanding what has been said
- Has trouble following 3- 4 part directions
- Has difficulty listening
- Becomes distracted by sounds (in the classroom, etc.)
- Seems to have trouble remembering information
- Seems overly sensitive to sounds: vacuums, public toilets, hair dryers, lawn mowers, leaf blowers, fireworks, etc.?

- Often doesn't respond when name is called (seems tuned out)
- Speaks in a loud voice

Smell

- Tends to explore with smell

- Reacts defensively or seems overly sensitive to some odors:
-

Oral / Food & Eating

- Licks, sucks or chews nonfood objects, clothing, hair, etc.
 - Is a picky eater
 - Has unusual cravings for certain foods (i.e. sour? sweet? salty?)
-
- Tends to gag on some foods_____
 - Do you have concerns about your child's eating issues? Nutrition?
-
- Is your child's diet limited to a select number of foods?
-
- Does your child's limited food preferences affect mealtime? Ability to eat out?
- Comments
-
-

Sense of Touch

- Has a strong need to touch objects and people
 - Tends to bump or hit other children- Intentional_____ Not Intentional_____
 - Seems to crave being held and cuddled
 - Seems to have a high pain threshold, doesn't react much to pain
 - Seems to actively seek tactile input:
-
- Doesn't recognize when hands or face are messy
 - Dislikes being touched unexpectedly
 - Tends to wear long sleeves, long pants or jacket despite hot weather or opposite. Please describe:
-
- Is fussy about seams of socks_____ Dislikes shoes_____
 - Dislikes or is irritated by certain textures of clothing:

-
- Dislikes hair being brushed or washed, haircuts
 - Tends to be more sensitive to pain than others
 - Tends to be more ticklish than other children
 - Dislikes messy art projects, finger paint, glue, mud, sunscreen, etc.
 - Often seems overly active, wiggly
 - Sometimes has strong emotional reactions (fight or flight)
 - Walked on toes when younger
 - Getting dressed is an issue - fussy about clothing, shoes, etc.
 - Comments:
-
-

Sense of Balance

- Seems to have poor balance
- Hesitates or avoids climbing or playing on equipment for fear of falling
- Hesitates going down stairs, slopes/hills, escalators
- Dislikes being tipped upside down, twirled or tossed in the air by an adult
- Avoids merry go rounds and carnival rides
- Becomes car sick easily
- Especially enjoys or craves swings, slides, jumping on the bed, carnival rides
- Is reluctant to learn to ride a bike

Gross Motor Skills

- Seems weaker _____ or stronger _____ than others of same age
- Tires easily with physical activity
- Has a weak grasp, drops things easily
- Seems accident prone
- Is reluctant to participate in sports or gross motor activities
- Has difficulty trying to jump, hop and skip
- Has difficulty with throwing and catching balls
- Seems to deliberately fall and “crash body” into things
- Has trouble “learning” dance steps, exercises or new gross motor games
- Frequently grasps objects too tightly

- Prefers playground activities to table activities, art or crafts

Fine Motor and Visual Motor Skills

- Finds small manipulative activities difficult
- Has trouble tying shoes
- Tends to eat in a sloppy manner, has difficulty using eating utensils
- Has an awkward pencil grasp
- Avoids writing and art activities
- Has poor handwriting
- Has trouble writing on lines and has poor spacing
- Has difficulty copying from the board
- Tires or becomes stressed in writing activities
- Letters are formed in an irregular manner
- Writing is laborious and time consuming
- Art projects and drawings are immature for age

Multi-Sensory and Attention

- Bothered by multi sensory environments such as the mall, crowded places, cafeterias, gymnasiums, movies, theater productions, etc.
- Background sounds bother and distract
- Stays on the periphery of the group on the playground
- Acts impulsively
- Tends to get overly excited in play with other children, on the playground, etc.
- Seems to be always “on the move”
- Comments: _____

Social / Emotional

- Has a strong desire for sameness or routine
- Tends to crave attention
- Seems especially sensitive to criticism
- Lacking in self confidence
- Has strong outbursts of anger
- Tends to be active and aggressive
- Tends to be heedless, careless or impulsive
- Needs encouragement to take part in new situations

- Tends to prefer to play alone / does not make friends easily
- Has trouble getting along with other children
- Tends to be “controlling”
- Has difficulty separating fantasy from reality
- Has difficulty with competitive situations / games - has a strong need to win
- Has a preoccupation with a specific area of interest

Personality Strengths:

Additional Comments:

Thank you for taking the time to complete this questionnaire, it will be helpful in assessing your child’s needs and planning appropriate remediation.