

**Sensory Solutions, LLC**  
**322 Los Gatos – Saratoga Rd., Los Gatos, CA 95030**  
**Clinic Phone/Fax: (408) 647-2084**  
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**Sensory / Motor and Developmental History**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone and E mail \_\_\_\_\_

Child's

Physician \_\_\_\_\_

**Diagnosis including ICD 10 code if you are planning to submit to your insurance company for reimbursement** \_\_\_\_\_

Insurance Information \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_ If so what services are being delivered?

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 please 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. ?)

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Speech seem reasonably normal? \_\_\_\_\_ Early Speech? \_\_\_\_\_

Difficult to understand? \_\_\_\_\_

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

Dislike? \_\_\_\_\_ Indifferent? \_\_\_\_\_

Does your child drool, suck thumb, bite nails, put objects in mouth, chew on shirt?

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Does your child have allergies or asthma? \_\_\_\_\_ If so please describe:

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Does your child have a history of frequent ear infections?

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Is your child currently taking allergy medication?

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Has your child ever had any major illness or been hospitalized? If yes, please explain: \_\_\_\_\_

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Has your child undergone any surgery? If so for what reason and dates :

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Has your child received any type of medical, psychological or learning diagnosis?

Please elaborate:

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

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Does your child have any physical condition such as heart problems or tendency to bleed or bruise easily that should be considered in relation to physical activity? If so please explain \_\_\_\_\_

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Has your child ever had any seizures? Please elaborate \_\_\_\_\_

Does your child take any medications? \_\_\_\_\_

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

Does your child have any eating problems? \_\_\_\_\_

Does your child habitually flap hands, rock head or body? \_\_\_\_\_

Names and ages of brothers and sisters:

Is there any history in the extended family of dyslexia or any learning difficulties?

Any other family members have similar difficulties as a child?

What does your child tend to fear or avoid?

Family Hand Dominance:

	<u>Right Handed</u>	<u>Left Handed</u>	<u>Mixed</u>
Child	_____	_____	_____
Mother	_____	_____	_____
Father	_____	_____	_____
Sibling	_____	_____	_____
Sibling	_____	_____	_____

Does your child seem to avoid using one side of the body? \_\_\_\_\_

Is your child independent in self care activities? \_\_\_\_\_

Washing \_\_\_\_\_ Brushing Hair \_\_\_\_\_ Brushing Teeth \_\_\_\_\_

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

Buttoning \_\_\_\_\_ Dressing Self \_\_\_\_\_

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

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

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What are your major areas of concern about your child?

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Are there any specific questions you would like addressed by this evaluation?

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What goals would you like achieved through occupational therapy?

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When responding to the following descriptions please put:

**+ for items which are sometimes true**

**++ for items very true**

**Leave blank if not applicable.**

**Circle activities or behaviors that especially apply to your child.**

**Visual / Spatial**

- Has a diagnosed visual defect: Describe 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 to him/her
- Has trouble following 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, etc?

### **Smell and Taste**

- Tends to explore with smell
- Reacts defensively or seems overly sensitive to odors\_\_\_\_\_
- Has unusual cravings for certain foods (ie: sour foods)\_\_\_\_\_
- Is a very picky eater\_\_\_\_\_
- Dislikes certain textures of food\_\_\_\_\_
- Tends to gag on some foods\_\_\_\_\_

### **Sense of Touch**

- Has a strong need to touch objects and people
- 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\_\_\_\_\_
- 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
- Tends to bump or hit other children- Intentional\_\_\_\_\_ Not Intentional\_\_\_\_\_
- Dislikes messy art projects, avoids finger paint, paste 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.

### **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
- Avoids writing and art activities
- Has poor handwriting
- Has trouble writing on lines and has poor spacing
- Has difficulty copying from the board
- Has an awkward pencil grasp
- Art projects and drawings are immature for age
- Tires or becomes stressed in writing activities
- Letters are formed in an irregular manner
- Writing is laborious and time consuming

**Attention / Distractibility**

- Has trouble completing tasks
- Has difficulty with 3 to 4 part directions
- Has difficulty paying attention
- Acts impulsively
- Seems to be always “on the move”

**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
- Tends to get overly excited in play with other children
- 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:**

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