Locations:
Fort Worth
Dallas
Colleyville

PTFW
817-247-1130
Fax: 817-292-7930
Tax ID #: 38-3707153

Child's Name _____ Date _____

SENSORIMOTOR HISTORY

I TASTE AND SMELL

1.	Acts as though all food tastes the same?	☐ Yes	☐ No	☐ Use to
2.	Avoids or craves certain foods?	☐ Yes	☐ No	☐ Use to
3.	Chews on non food items?	☐ Yes	☐ No	☐ Use to
4.	Has any feeding problems	☐ Yes	☐ No	☐ Use to
	Describe _____			
5.	Has trouble changing to textured foods?	☐ Yes	☐ No	☐ Use to
6.	Sensitive to any unusual smells?	☐ Yes	☐ No	☐ Use to
7.	Tastes or smells toys, clothes, more than usual?	☐ Yes	☐ No	☐ Use to

II MUSCLE TONE

1.	Feels heavier than she/he looks?	☐ Yes	☐ No	☐ Use to
2.	Has good endurance?	☐ Yes	☐ No	☐ Use to
3.	Has any diagnosed muscle problem	☐ Yes	☐ No	
4.	Has flat feet?	☐ Yes	☐ No	☐ Use to
5.	Slumps when sitting?	☐ Yes	☐ No	☐ Use to
6.	Gets tired easily?	☐ Yes	☐ No	☐ Use to
7.	Seems generally weak?	☐ Yes	☐ No	☐ Use to
8.	Keeps mouth open?	☐ Yes	☐ No	☐ Use to
9.	Prefers to lie on back rather than tummy as infant?	☐ Yes	☐ No	☐ Use to

III COORDINATION

1.	Creeping & crawling phase unusually prolonged?	☐ Yes	☐ No	
2.	Movements are slow, plodding, deliberate?	☐ Yes	☐ No	☐ Use to
3.	Has difficulty with sequential tasks (circle)like dressing, buttoning, zipping, shoe tying?	☐ Yes	☐ No	☐ Use to
4.	Clumsy playing with toys?	☐ Yes	☐ No	☐ Use to
5.	Has difficulty learning to hold pencil or crayon in a 3-point position?	☐ Yes	☐ No	☐ Use to
6.	Creeps on tummy or bottom?	☐ Yes	☐ No	☐ Use to
7.	Trips or falls a lot?	☐ Yes	☐ No	☐ Use to
8.	Seems clumsy or awkward?	☐ Yes	☐ No	☐ Use to
9.	Bumps into things a lot?	☐ Yes	☐ No	☐ Use to
10.	Has poor handwriting?	☐ Yes	☐ No	☐ Use to
11.	Eats neatly for age level?	☐ Yes	☐ No	☐ Use to
12.	Has rigid movements?	☐ Yes	☐ No	☐ Use to

13. Hand gets shaky in fine motor skills? . . . . . □ Yes □ No □ Use to
14. Enjoys sports, gym, etc.? . . . . . □ Yes □ No □ Use to
15. Which hand is dominant . . . . . □ Right □ Left

IV AUDITORY

1. Has a diagnosed hearing problem? . . . . . □ Yes □ No
2. Has tubes in ears? . . . . . □ Yes □ No □ Use to
3. Has frequent ear infections? . . . . . □ Yes □ No □ Use to
4. Seems too sensitive to sounds? . . . . . □ Yes □ No □ Use to
5. Responds negatively to unexpected sounds? . . . . . □ Yes □ No □ Use to
6. Has fears of any particular sounds? . . . . . □ Yes □ No □ Use to
   Describe: _____
7. Distracted by sounds such as refrigerator, flourescent lights bulbs, fans, heaters? . . . . . □ Yes □ No □ Use to
8. Seems to be confused about what direction sounds come form? . . . . . □ Yes □ No □ Use to
9. Likes to make loud sounds? . . . . . □ Yes □ No □ Use to
10. Has difficulty copying rhythmic sounds? . . . . . □ Yes □ No □ Use to
11. Fails to follow through to act upon requests to do something or understand directions □ Yes □ No □ Use to
12. Unable to function if 2 or 3 steps of instructions are given to him at once? . . . . . □ Yes □ No □ Use to
13. Talks excessively? . . . . . □ Yes □ No □ Use to
14. Talking interferes with his listening? . . . . . □ Yes □ No □ Use to
15. Has a delay in speech development? . . . . . □ Yes □ No □ Use to

V TACTILE

1. Likes to be touched? . . . . . □ Yes □ No □ Use to
2. Dislikes being held or cuddled? . . . . . □ Yes □ No □ Use to
3. Prefers to touch rather than be touched? . . . . . □ Yes □ No □ Use to
4. Seems excessively ticklish? . . . . . □ Yes □ No □ Use to
5. Seems easily irritated or enraged when touched by siblings or playmates? . . . . . □ Yes □ No □ Use to
6. Has a strong need to touch objects & people? □ Yes □ No □ Use to
7. Seems to pick fights? . . . . . □ Yes □ No □ Use to
8. Pinches, bites, or otherwise hurts self or others? . . . □ Yes □ No □ Use to
9. Frequently bumps or pushes others? . . . . . □ Yes □ No □ Use to
10. Bangs head on purpose? . . . . . □ Yes □ No □ Use to
11. Dislikes the feeling of certain clothing? . . . . . □ Yes □ No □ Use to
12. Over or under dresses for the temperature? . . . . . □ Yes □ No □ Use to
13. Overheats easily? . . . . . □ Yes □ No □ Use to
14. Seems overly sensitive to food or water temperatures? . . . . . □ Yes □ No □ Use to
15. Seems overly sensitive to rough food textures? . . . . □ Yes □ No □ Use to
16. Prefers tub baths over showers, if given choice? . . . □ Yes □ No □ Use to
17. Likes to play in water, sand, mud, clay? . . . . . □ Yes □ No □ Use to

18. Seems to lack the normal awareness of being touched? . . . . . ☐ Yes ☐ No ☐ Use to
19. Often seems unaware of cuts, bruises? . . . . . ☐ Yes ☐ No ☐ Use to
20. Avoids using his/her hands? . . . . . ☐ Yes ☐ No ☐ Use to
21. Examines objects or clothes with hands? . . . . . ☐ Yes ☐ No ☐ Use to
22. Walks on toes? . . . . . ☐ Yes ☐ No ☐ Use to
23. Dislikes haircuts? . . . . . ☐ Yes ☐ No ☐ Use to
24. Dislikes nail trimming? . . . . . ☐ Yes ☐ No ☐ Use to
25. Chews on objects or clothes . . . . . ☐ Yes ☐ No ☐ Use to

VI VESTIBULAR

1. Arches back when held or moved as an infant? . . . . ☐ Yes ☐ No ☐ Use to
2. Enjoys being rocked? . . . . . ☐ Yes ☐ No ☐ Use to
3. Likes being tossed in the air? . . . . . ☐ Yes ☐ No ☐ Use to
4. Likes fast spinning carnival rides? . . . . . ☐ Yes ☐ No ☐ Use to
5. Likes to swing? . . . . . ☐ Yes ☐ No ☐ Use to
6. Spins or whirls more than other children? . . . . . ☐ Yes ☐ No ☐ Use to
7. Gets carsick easily? . . . . . ☐ Yes ☐ No ☐ Use to
8. Gets nauseous and/or vomits from other movement experiences? . . . . . ☐ Yes ☐ No ☐ Use to
9. Rocks while sitting? . . . . . ☐ Yes ☐ No ☐ Use to
10. Jumps a lot? . . . . . ☐ Yes ☐ No ☐ Use to
11. Has fear in space (stairs, heights, crawl tunnels) . . . ☐ Yes ☐ No ☐ Use to
12. Loses balance easily? . . . . . ☐ Yes ☐ No ☐ Use to
13. Misunderstands meaning of words used in relation to movement and direction? . . . . . ☐ Yes ☐ No ☐ Use to

VII VISUAL

1. Has a diagnosed visual problem? . . . . . ☐ Yes ☐ No ☐ Use to
2. Seems very sensitive to light? . . . . . ☐ Yes ☐ No ☐ Use to
3. Has trouble following with eyes? . . . . . ☐ Yes ☐ No ☐ Use to
4. Avoids eye contact? . . . . . ☐ Yes ☐ No ☐ Use to
5. Distracted by visual stimuli? . . . . . ☐ Yes ☐ No ☐ Use to
6. Dislikes having eyes covered? . . . . . ☐ Yes ☐ No ☐ Use to
7. Able to close eyes for short periods? . . . . . ☐ Yes ☐ No ☐ Use to
8. Makes reversals when copying or reading? . . . . . ☐ Yes ☐ No ☐ Use to
9. Prefers playing in the dark? . . . . . ☐ Yes ☐ No ☐ Use to
10. Has trouble discriminating shapes, colors? . . . . . ☐ Yes ☐ No ☐ Use to
11. Squints often? . . . . . ☐ Yes ☐ No ☐ Use to
12. Able to look at something far away? . . . . . ☐ Yes ☐ No ☐ Use to
13. Able to look at something close? . . . . . ☐ Yes ☐ No ☐ Use to
14. Blinks or turns face away when ball is thrown? . . . . . ☐ Yes ☐ No ☐ Use to

VIII BEHAVIOR/TEMPERAMENT

1.	Calm and relaxed?	☐ Yes	☐ No	☐ Use to
2.	Active, outgoing, enthusiastic?	☐ Yes	☐ No	☐ Use to
3.	Intense, easily frustrated, anxious?	☐ Yes	☐ No	☐ Use to
4.	Explosive?	☐ Yes	☐ No	☐ Use to
5.	Cried excessively in infancy	☐ Yes	☐ No	☐ Use to
6.	Clingy?	☐ Yes	☐ No	☐ Use to
7.	Rigid, set in his/her ways?	☐ Yes	☐ No	☐ Use to
8.	Adaptable, flexible?	☐ Yes	☐ No	☐ Use to
9.	Regular sleep patterns?	☐ Yes	☐ No	☐ Use to
10.	Difficult to get to sleep?	☐ Yes	☐ No	☐ Use to
11.	Wakes frequently?	☐ Yes	☐ No	☐ Use to
12.	Screams when wakes during night?	☐ Yes	☐ No	☐ Use to
13.	Short attention span?	☐ Yes	☐ No	☐ Use to
14.	Distractible?	☐ Yes	☐ No	☐ Use to
15.	Demonstrates self stimulating behavior?	☐ Yes	☐ No	☐ Use to
	Describe _____			
16.	Displays extreme mood changes?	☐ Yes	☐ No	☐ Use to
17.	Unable to adjust to routine changes?	☐ Yes	☐ No	☐ Use to
18.	Expresses feelings of low self-esteem?	☐ Yes	☐ No	☐ Use to
19.	Expresses feelings of failure and frustration?	☐ Yes	☐ No	☐ Use to
20.	Seems discouraged or depressed?	☐ Yes	☐ No	☐ Use to

IX SCHOOL AGE CHILDREN ONLY

Learning Styles:

1.	Recognizes own errors?	☐ Yes	☐ No	☐ Use to
2.	Learns from mistakes?	☐ Yes	☐ No	☐ Use to
3.	Acquires materials he/she needs for a task?	☐ Yes	☐ No	☐ Use to
4.	Able to set up a work space?	☐ Yes	☐ No	☐ Use to
5.	Maintains work space?	☐ Yes	☐ No	☐ Use to
6.	Able to work independently?	☐ Yes	☐ No	☐ Use to
7.	Generalizes known skills to acquire new skills?	☐ Yes	☐ No	☐ Use to
8.	Asks for help appropriately?	☐ Yes	☐ No	☐ Use to
9.	Plans ahead?	☐ Yes	☐ No	☐ Use to
10.	Age appropriate content in written language?	☐ Yes	☐ No	☐ Use to
11.	Gets work done on time?	☐ Yes	☐ No	☐ Use to
12.	Average reading level _____	☐ Yes	☐ No	☐ Use to
13.	Average math level _____	☐ Yes	☐ No	☐ Use to
14.	I.Q. _____ (this is confidential)			
15.	Current placement in school? _____			

Adapted from A.J. Ayres, Ph.D., Patricia Wilbarger, MEd, OTR, Montgomery/Richter, 1977, Knikerbocker & Jo Murphy Nyland