



Sensorimotor History

Child's Name _____

DOB: ___/___/___

Date: _____

Please think of the various stages of your child's development, considering behavior, which comes to your mind as you answer these questions.

The following questions are posed to help in compiling a more complete picture of your child from early infancy to his/her present developmental stage. Some of these questions may refer to children who are older than your own. Please add narrative information, which may also be important in the spaces provided. Thank You. **Y=Yes N=No S=Sometimes**

<u>Visual:</u> Does (or is) your child:	Y	N	S
Have a diagnosed visual problem?			
Seem sensitive to light?			
Have trouble following objects with his or her eyes?			
Avoid eye contact?			
Distracted by visual stimuli?			
Dislike having eyes covered?			
Have poor spacing of letters?			
Have trouble discriminating shapes or colors?			
Squint often?			
Make reversals when copying or reading?			
Have difficulty with puzzles?			
Have difficulty finding things in a competing background? (ex: drawer or shelf)			
Cover eyes or complain about lights being too bright?			
Closes or covers one eye?			
Tend to look at objects out of the corner of the eye or tips head when looking at something?			
Add less detail to drawing or coloring than the other children?			
Orients drawing poorly on a page?			

<u>Auditory (sound):</u> Does (or is) your child:	Y	N	S
Have a diagnosed hearing problem?			
Have tubes in his/her ears?			
Have frequent ear infections?			
Seem sensitive to sound?			
Have fears of any sounds?			
Frequently hold his/her hands over their ears?			
Have trouble functioning with noise level in the room?			
Distracted by sounds such as the refrigerator or fluorescent lights?			
Have difficulty focusing with background noises?			
Seem to be confused about what direction sounds come from?			
Dislike singing and/or dancing to music?			
Like to make loud or constant noises?			
Talk excessively?			
Have difficulty copying rhythmic sounds?			
Have difficulty listening to instructions even though hearing is fine?			
Does not "tune-in" to what you say?			
Fail to follow through with a request to do something?			
Unable to function when given a 2-3 step command?			
Hum, sing, chatter, or talk to self during independent work?			
Seem disturbed or intensely interested in sounds not usually noticed by other people?			

<u>Tactile (Touch):</u> Does (or is) your child:	Y	N	S
Object to being touched lightly?			
Dislike being held or cuddled?			
Prefer to touch rather than be touched?			
Seem excessively ticklish?			

Seem easily irritated when touched?			
Have a strong need to touch objects and people? (ex: rubs face on carpet or objects)			
Seem to pick fights, push, bump, bite or otherwise hurt him/herself or others?			
Appear to be unaware of others, personal body space, have trouble keeping hands to self or bump into people seemingly unaware of the amount of force?			
Bang head on purpose?			
Dislike the feeling of animals?			
Get irritated by clothing or certain textures? (ex: socks, tags)			
Complain that clothes/shoes are too tight or too loose?			
Over or under dress for the temperature?			
Avoid using his/her hands?			
Avoid playing with messy things? (ex: finger paints, sand or mud)			
Often seem unaware of cuts and bruises?			
Tend to feel pain less than others?			
Tend to feel pain more than others?			
Avoid wearing shoes?			
Avoid going barefoot?			
Seem unaware when someone touches arm or back?			
Rub or scratch out a spot that has been touched?			
Demonstrate distress during grooming? (ex: fights or cries during face washing, diaper changing, fingernail cutting or tooth brushing)			
Does not notice or care about mess on hands/face? Seem to enjoy sensations that should be painful such as crashing onto the floor, hitting his/her own body?			
Leave clothes twisted on body?			
Grasp objects (ex: pencil or spoon) loosely?			
Have difficulties with personal space?			

<u>Oral Sensory Processing:</u> Does (or is) your child:	Y	N	S
Always putting things in their mouth? (ex: shirt, fingers, pens or backpack)			
Chew or lick non-food items?			
Have trouble handling textured foods?			
A picky eater?			
Sensitive to any smells?			
Gag easily on foods?			
Stuff or put too much food in his/her mouth?			
Have trouble chewing?			
Have trouble swallowing?			
Show distress with foods? (ex: facial grimaces, or eyes watering)			
Taste or smell toys or clothes?			
Likes only highly textured foods?			
Prefer certain foods excessively?			
Have limited food choices?			
Have a negative reaction to the presentation of new foods?			
Avoid certain foods that are typically a part of a child's diet?			
Examine objects or clothing with his/her mouth?			

<u>Vestibular (Movement):</u> Does (or is) your child:	Y	N	S
Constantly seek movement? (ex: rock while sitting)			
Like to spin and doesn't seem to get dizzy?			
Spin or whirl more than other children?			
Require a lot of rocking, bouncing, or swinging as a baby?			
Get nauseous from other movement experiences?			

Get carsick easily?			
Lose balance easily?			
Have a fear of climbing?			
Avoid swings, carnival rides, or moving equipment?			
Avoid somersaults or their head going down or back?			
Seek opportunities to crash or fall without regard to safety?			
Trip or fall frequently?			
Fall out of chair frequently?			
Fall, failing to catch self when falling?			
Have generally poor coordination and appear to be clumsy? (ex: sloppy eating, difficulty dressing, dropping things, etc.)			
Have difficulty learning new motor tasks?			
Show more distress than typical when riding elevators, escalators or in revolving doors?			

Muscle Tone: Does (or is) your child:	Y	N	S
Slump when sitting?			
Get tired easily?			
Seem generally weak for his/her age?			
Lean on people?			
Prefer to lie on back rather than stomach?			
Have poor sitting/standing posture? (ex: need to prop head in hand while reading or writing at desk)			
Have low endurance?			
Appear to have low energy or is lethargic?			
Prefer sedentary play? (ex: watching TV, on the computer)			
Have a weak grasp?			

<u>Coordination:</u> Does (or is) your child:	Y	N	S
Sit, stand or walk late?			
Creep or crawl very little?			
Have rigid movements?			
Move slowly, ploddingly or deliberately?			
Seem clumsy when playing with toys appropriate for age?			
Have trouble with sequential tasks? (ex: dressing, buttoning, or shoe tying)			
Have trouble handling small things?			
Have difficulty learning to hold a pencil, crayon or eating utensil?			
Have poor handwriting?			
Bump into things a lot?			
Make a mess while eating?			
Grimace or use tongue during fine motor tasks?			
Get shaky when performing fine motor tasks?			
Dislike sports, gym etc.?			
Use too much or not enough pressure?			

<u>Behavior, Emotional, and Social Response or Temperament:</u> Does (or is) your child:	Y	N	S
Have trouble being quiet, calm, relaxed and patient?			
Too active, outgoing, and too enthusiastic and it is affecting his/her day?			
Seem hyperactive, in perpetual motion sun up to sun down?			
Stubborn or uncooperative?			

Rigid in play?			
Rigid in personal hygiene?			
Overly affectionate with others?			
Have difficulty interpreting body language, facial expressions, etc.?			
Avoid eye contact?			
Have difficulty expressing emotions?			
Over dramatic in expression of emotions?			
Fearful to the point of interference with day-to-day life?			
Anxious or overly serious?			
An early riser, immediately on the go?			
Have trouble sleeping?			
Play alone for a long period of time?			
Have a poor attention span, easily distracted?			
Have difficulty making choices?			
Demonstrate self-stimulating behaviors?			
Have frequent tantrums?			
Difficulty adjusting to change?			
Have excessive acting out behaviors?			
Have emotional outbursts when unsuccessful at a task?			
Have trouble making friends?			
Enjoy the company of older children or adults more than same age peers?			
Have a low self-esteem?			
Demonstrate frequent feelings of frustration or depression?			
React immaturely to situations?			
Have difficulty waiting in line?			
Have poor frustration tolerance?			

Cry easily?			
Have difficulty participating in a group play setting?			
Interact inappropriately with adults, does not communicate well, follow directions or show respect?			
Participate inappropriately during family outings?			
Have trouble resolving peer conflict without intervention?			
Avoid working as part of a team and is not helpful to others?			
Avoid shifting conversation topics, gets stuck on one topic?			
Have a short attention span?			
Have trouble playing cooperatively with peers without arguments or misunderstandings?			

<u>Learning Styles:</u> Does (or is) your child:	Y	N	S
Have difficulty recognizing errors?			
Have difficulty learning from mistakes?			
Have difficulty acquiring materials he/she needs for a task?			
Have difficulty setting up a workspace?			
Have difficulty maintaining a workspace?			
Have difficulty working independently?			
Have difficulty generalizing known skills to acquire new skills?			
Have difficulty demonstrating age appropriate memory?			
Have difficulty asking for help appropriately?			
Have difficulty planning ahead?			
Have difficulty demonstrating age appropriate content in written language?			
Have difficulty getting work done on time?			