

# Special Therapies, Inc.

1720 Dolphin Drive, Unit B • Waukesha, Wisconsin 53186

## Sensory Motor History

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Today's date \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Person(s) completing this form \_\_\_\_\_ Phone Number \_\_\_\_\_  
Physician \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

How was your child referred to our clinic? \_\_\_\_\_

How can we best help your child and your family? \_\_\_\_\_  
\_\_\_\_\_

Significant medical history (check and explain if appropriate):

<input type="checkbox"/> seizures	<input type="checkbox"/> high fevers	<input type="checkbox"/> heart ailments
<input type="checkbox"/> ear infections	<input type="checkbox"/> respiratory difficulties	<input type="checkbox"/> reflux/GI issues
<input type="checkbox"/> tubes in ears	<input type="checkbox"/> feeding difficulties	<input type="checkbox"/> allergies

Current Diagnosis: \_\_\_\_\_

Pregnancy history (stress, medical needs, etc.) \_\_\_\_\_  
\_\_\_\_\_

Significant birth history:

<input type="checkbox"/> premature – how many weeks early	<input type="checkbox"/> any labor drugs
<input type="checkbox"/> forceps/vacuum delivery	<input type="checkbox"/> APGAR scores
<input type="checkbox"/> type of delivery (Caesarian/vaginal)	<input type="checkbox"/> time/length of labor

Other significant problems during/after birth (i.e., stuck in pelvis, oxygen required, etc.) \_\_\_\_\_

Describe your child's infancy: \_\_\_\_\_

Milestones (please fill in ages)

<input type="checkbox"/> sit	<input type="checkbox"/> crawl	<input type="checkbox"/> cruise furniture
<input type="checkbox"/> walk	<input type="checkbox"/> babble	<input type="checkbox"/> finger feed
<input type="checkbox"/> feed with utensils		

Siblings and ages: \_\_\_\_\_

When were you first concerned with your child's behavior? \_\_\_\_\_

To what degree is your family struggling with you child's behavior? \_\_\_\_\_

Do you wish to share any other stresses your family is dealing with? \_\_\_\_\_

**TOUCH (TACTILE)**

	Not at all	Sometimes	Very True	Used to
Bothered by dirty/messy hands.....	0	1	2	3
Hands don't seem to grasp things fully.....	0	1	2	3
Prefers to touch others rather than be touched .....	0	1	2	3
Bothered with hair/face washing/hair cut/comb .....	0	1	2	3
Prefers specific clothing; buying clothes is a definite challenge; may say "it doesn't feel right" .....	0	1	2	3
Bothered by clothing, seams, tags or edge of short sleeves or shorts .....	0	1	2	3
Strong preference to go without clothes/diapers .....	0	1	2	3
History of difficulty with diaper changes.....	0	1	2	3
Tends not to feel pain as much as others .....	0	1	2	3
Bothered by foods or certain textures .....	0	1	2	3
Mouths items excessively .....	0	1	2	3
Prefers not to be cuddles or held; or is very selective with affection .....	0	1	2	3
Overheats easily.....	0	1	2	3
Avoids petting animals .....	0	1	2	3
Seems excessively ticklish; uncontrolled giggling when tickled .....	0	1	2	3
Irritated if someone is extremely close by; moves away if someone approaches or stands by; trouble standing in line .....	0	1	2	3
Easily irritated/enraged when other children touch them .....	0	1	2	3
Frequently bumps/pushes others; picks fights.....	0	1	2	3
Isolates self from groups of children .....	0	1	2	3
Bothered by crowds; large family gatherings	0	1	2	3
Responds negatively to unexpected touch ....	0	1	2	3
Has difficulty sitting/standing still.....	0	1	2	3
Archs back when moved or held.....	0	1	2	3
Walks on toes .....	0	1	2	3

**AUDITORY**

	Not at all	Sometimes	Very True	Used to
History of suspected deafness .....	0	1	2	3
Seems not to hear/attend to sound/voice .....	0	1	2	3
Ever inaccurate in locating sound source .....	0	1	2	3
Distracted by noises; trouble focusing attention in noisy environment .....	0	1	2	3
Displays fear reaction to certain sounds .....	0	1	2	3
Trouble listening or following directions .....	0	1	2	3
Has trouble following >1 step commands (i.e., go to your room and get your socks (2 step); go to room, get socks bring to me (3 step)).....	0	1	2	3
Makes loud noises excessively .....	0	1	2	3
Talks excessively; talking interferes with listening or interaction.....	0	1	2	3
Behavior changes if noise or conversations increases.....	0	1	2	3
Delays in speech production.....	0	1	2	3
Distorted quality of voice .....	0	1	2	3
Bangs ears or side of head.....	0	1	2	3
<b>MOVEMENT/VESTIBULAR</b>				
Arch back when moved or held.....	0	1	2	3
Bothered by car rides, merry-go-rounds.....	0	1	2	3
Rocks while sitting (more than most kids)...	0	1	2	3
Spins body excessively.....	0	1	2	3
Jumps excessively.....	0	1	2	3
Demonstrates fear in space (stairs, heights) or if feet are off ground.....	0	1	2	3
Shows little fear of heights or other dangerous situations.....	0	1	2	3
Likes to hang/be held upside down a lot....	0	1	2	3
Appears clumsy, often bumping into things or falling down.....	0	1	2	3
Trouble learning to ascend/descend stairs....	0	1	2	3
Never seems to get dizzy.....	0	1	2	3

**VISUAL/PERCEPTUAL**

	Not at all	Sometimes	Very True	Used to
Distracted by visual stimuli.....	0	1	2	3
Has trouble watching a moving target.....	0	1	2	3
Eyes wander or has "lazy" eye.....	0	1	2	3
Squints often.....	0	1	2	3
Difficulty discriminating colors/shapes.....	0	1	2	3
Resists having eyes covered.....	0	1	2	3
Stares at particular objects/illumination.....	0	1	2	3
Strong need for objects to remain in their "place;" upset if things are rearranged.....	0	1	2	3
Bumps into objects as if unaware of their presence or location.....	0	1	2	3
Has trouble with handwriting compared to same aged children.....	0	1	2	3
Hand-drawn pictures lack detail.....	0	1	2	3
Stabilizes paper with one hand while writing	0	1	2	3
Trouble sequencing steps of dressing, morning routines, etc.....	0	1	2	3
<b>ORAL MOTOR/SENSORY &amp; SMELL</b>				
Acts as though all food tastes the same.....	0	1	2	3
Wants to taste things, even non-edibles.....	0	1	2	3
Rigid in how foods have to be prepared or served.....	0	1	2	3
Reacts negatively to certain odors.....	0	1	2	3
Tends to sniff things.....	0	1	2	3
Ignores noxious odors.....	0	1	2	3
Is drawn to noxious odors.....	0	1	2	3
Can identify food by its odor.....	0	1	2	3
Can identify other things by odor.....	0	1	2	3
Smells interfere with enjoyment of eating....	0	1	2	3
Has trouble ignoring certain odors.....	0	1	2	3

**MUSCLE TONE**

	Not at all	Sometimes	Very True	Used to
Feels heavier than he/she looks.....	0	1	2	3
Lacks endurance to remain on motor task.....	0	1	2	3
Has "flat feet".....	0	1	2	3
Slumps/leans while sitting.....	0	1	2	3
Gets tired easily.....	0	1	2	3
Prefers to lay/sit on floor rather than chair....	0	1	2	3
Prefers to lie on back rather than tummy.....	0	1	2	3
Is unable to sit for duration of meal.....	0	1	2	3
<b>MOTOR &amp; PLAY SKILLS</b>				
Movements are slow, plodding, deliberate...	0	1	2	3
Clumsy playing with toys.....	0	1	2	3
Very limited repertoire of playground activities.....	0	1	2	3
Does not like to be pushed on swing.....	0	1	2	3
Has trouble learning new skills even with much repetition.....	0	1	2	3
Has trouble with ball skills (catching, throwing, hitting balls).....	0	1	2	3
Difficulty holding crayon/pencil.....	0	1	2	3
Trips or falls frequently.....	0	1	2	3
Difficulty eating neatly / accurately.....	0	1	2	3
Displays a consistent hand dominance.....	0	1	2	3
Imitates others' movements.....	0	1	2	3
Imitates others' play.....	0	1	2	3
Demonstrates independent ideas of play on equipment, toys, boxes, pillows, etc.....	0	1	2	3
Demonstrates ability to construct with large blocks or boxes.....	0	1	2	3
Demonstrates ability to construct with small Legos or Duplos.....	0	1	2	3
Knows what to do with playdough.....	0	1	2	3

**MOTOR & PLAY SKILLS**

	Not at all	Sometimes	Very True	Used to
Rides bike, tricycle or other riding toys.....	0	1	2	3
Prefers to play alone.....	0	1	2	3
Is domineering/controlling with peers.....	0	1	2	3
Is repetitive/preservative with toys.....	0	1	2	3
Is destructive with toys.....	0	1	2	3
Knows how to play with toys; knows what to do with them.....	0	1	2	3

**SOCIAL/EMOTIONAL**

Quiet, calm, relaxed, patient.....	0	1	2	3
Active, outgoing, interested in environment..	0	1	2	3
Intense, easily frustrated, anxious.....	0	1	2	3
Explosive, irritable, inconsolable.....	0	1	2	3
Seems overactive; in perpetual motion.....	0	1	2	3
Need for sameness in routine, events.....	0	1	2	3
Irregular sleep patterns; difficult to go or remain asleep through the night.....	0	1	2	3
Night terrors.....	0	1	2	3
Has trouble reading others' emotions.....	0	1	2	3
Lacks facial expression, "flat" affect.....	0	1	2	3
Expresses feelings of low self-esteem.....	0	1	2	3
Expresses feelings of failure and frustration..	0	1	2	3
Uncooperative in group settings.....	0	1	2	3
Temper tantrums; difficult to console.....	0	1	2	3
Behavior differs between parents or others...	0	1	2	3
Difficulty displaying motivation.....	0	1	2	3

**SELF-HELP CHECKLIST**

Please check the following skills your child can do by himself/herself:

- \_\_\_\_\_ orient clothing correctly front/back, right/left
- \_\_\_\_\_ push arms through sleeves, push legs through pants
- \_\_\_\_\_ pull shirt down over head
- \_\_\_\_\_ pull up pants independently
- \_\_\_\_\_ pull up socks
- \_\_\_\_\_ pushes feet into shoes
- \_\_\_\_\_ fastens zippers, snaps, buttons
- \_\_\_\_\_ ties shoes
- \_\_\_\_\_ bowel/bladder control

**OTHER**

1. When left alone, how does your child spend his/her time?

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2. What skills, abilities and/or behaviors would you like your child to achieve?

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