



Sensorimotor History

Child's name _____ Date of birth _____ Date _____

Please think of the various stages of your child's development, consider behaviors which come to your mind as you are answering these questions. What do you think of as being different from other children you know? Were there times when his/her behavior became difficult to cope with in the family unit?

The following questions are posed to help compile a more complete picture of your child from infancy to their present developmental stage. Some of these questions may refer to children who are older than your own. Kindly cross out the verb tense that does not apply. Check the choice which does apply: Yes, No, Used to, or N/A (not old enough yet, or for other reasons nonapplicable.) Add narratives which would also be important on the back. Thank you for your cooperation.

Taste and Smell

Does child:	YES	NO	USED TO	N/A
1) Act as though all food tastes the same	___	___	_____	___
2) Explore with taste	___	___	_____	___
3) Chew on non food items	___	___	_____	___
4) Have any feeding problems	___	___	_____	___
5) Have trouble changing to textured foods	___	___	_____	___
6) Sensitive to any smells	___	___	_____	___
7) Taste or smell toys, clothes, etc, more than usual	___	___	_____	___
8) Take only tiny bites	___	___	_____	___
9) Take bites from the side of their mouth vs. the front of their mouth	___	___	_____	___



Auditory

Does child:	YES	NO	USED TO	N/A
1) Have a diagnosed hearing problem	___	___	___	___
Comments: _____				
2) Have PE tubes in ears	___	___	___	___
3) Have frequent ear infections	___	___	___	___
4) Seem to be overly sensitive to sounds	___	___	___	___
5) Respond negatively to unexpected sounds	___	___	___	___

Visual

Does child:	YES	NO	USED TO	N/A
1. Have a diagnosed visual problem	___	___	___	___
Comments: _____				
2. Seem very sensitive to light	___	___	___	___
3. Have trouble following with eyes	___	___	___	___
4. Avoid eye contact	___	___	___	___
5. Become distracted by visual stimuli	___	___	___	___
6. Dislike having eyes covered	___	___	___	___
7. Close eyes for short periods when requested	___	___	___	___
8. Make reversals when coping or reading	___	___	___	___
9. Like playing in the dark	___	___	___	___
10. Have trouble discriminating shapes or colors	___	___	___	___
11. Squint often	___	___	___	___
12. Able to look at something far away	___	___	___	___
13)Able to look at something close	___	___	___	___

Tactile

Does child:	YES	NO	USED TO	N/A
1) Like to be touched	___	___	___	___
2) Dislike being held or cuddled	___	___	___	___
3) Prefer to touch rather than be touched	___	___	___	___
4) Seem excessively ticklish	___	___	___	___
5) Seem easily irritated or enraged when touched by siblings or playmates	___	___	___	___
6) Have a strong need to touch objects or people	___	___	___	___



7) Seem to pick fights	___	___	_____	___
8) Pinch, bite or otherwise hurt self or others	___	___	_____	___
9) Like to touch animals	___	___	_____	___
10) Dislike the feeling of certain clothing	___	___	_____	___
11) Over or under dress for the temperature	___	___	_____	___
12) Overheat easily	___	___	_____	___
13) Seem overly sensitive to food/water temperature	___	___	_____	___
14) Seem overly sensitive to rough food textures	___	___	_____	___
15) Prefer baths over showers if the choice is available	___	___	_____	___
16) Like to play in water, mud, sand, clay, etc.	___	___	_____	___
17) Seem to lack normal awareness of being touched	___	___	_____	___
18) Often seem unaware of cuts or bruises until brought to his/her attention	___	___	_____	___
19) Avoid using hands	___	___	_____	___
20) Examine objects or clothes with hands	___	___	_____	___
21) Excessively mouths clothes or objects	___	___	_____	___

Vestibular

Does child:	YES	NO	USED TO	N/A
1) Arch back when held or moved	___	___	_____	___
2) Enjoy being rocked	___	___	_____	___
3) Like being tossed into the air	___	___	_____	___
4) Like to swing	___	___	_____	___
5) Spin or whirl more than other children	___	___	_____	___
6) Get carsick easily	___	___	_____	___
7) Get nauseous and/or vomit during movement experiences	___	___	_____	___
8) Rock while sitting	___	___	_____	___
9) Jump a lot	___	___	_____	___
10) Have fear in space (stairs or heights)	___	___	_____	___
11) Lose balance easily	___	___	_____	___
12) Misunderstand words used in relation to movement or position	___	___	_____	___
13) Dislike having their feet dangle	___	___	_____	___
14) Frequently have sweaty palms	___	___	_____	___



Proprioception

Does child:

- 1) Overstuff mouth with food when eating _____
- 2) Frequently bump or push others _____
- 3) Bang head on purpose _____
- 4) Walk on toes instead of flat feet _____
- 5) Like to be squeezed or hugged tightly _____
- 6) Throw themselves onto the floor a lot _____

Muscle Tone

Does child:

YES NO USED TO N/A

- 1) Feel heavier than s/he looks _____
- 2) Have good endurance _____
- 3) Have any diagnosed muscle problems _____
- 4) Have flat feet _____
- 5) Slump when sitting _____
- 6) Get tired easily _____
- 7) Seem generally weak _____
- 8) Keep mouth open _____
- 9) Prefer to lie on back rather than stomach _____

Coordination

Did/ does child:

YES NO USED TO N/A

- 1) Sit, stand or walk late _____
- 2) Sit, stand or walk early _____
- 3) Was the creeping/crawling phase unusually long _____
- 4) Was the crawling phase basically omitted _____
- 5) Are movements slow, prodding or deliberate _____
- 6) Play with toys appropriately for age _____
- 7) Creep on tummy or bottom _____
- 8) Play with toys in clumsy, awkward manner _____
- 9) Trip or fall a lot _____
- 10) Seem clumsy or awkward _____



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|--------------------------------|-----|-----|-------|-----|
| 11) Bump into things a lot | ___ | ___ | _____ | ___ |
| 12) Handle small things easily | ___ | ___ | _____ | ___ |
| 13) Eat neatly for age | ___ | ___ | _____ | ___ |
| 14) Have rigid movements | ___ | ___ | _____ | ___ |

Behavior/Temperament

Does or is child:	YES	NO	USED TO	N/A
1. Quiet/calm/relaxed/patient	___	___	_____	___
2. Active, outgoing, enthusiastic	___	___	_____	___
3. Intense, easily frustrated, anxious	___	___	_____	___
4. Explosive	___	___	_____	___
5. Seem hyperactive, always in perpetual motion	___	___	_____	___
6. In the same mood all day as when he/she wakes up	___	___	_____	___
7. An early riser, immediately on the go	___	___	_____	___
8. Cry excessively in infancy	___	___	_____	___
9. Clingy	___	___	_____	___
10. Predictable	___	___	_____	___
11. Rigid, set in ways	___	___	_____	___
12. Adaptable, flexible	___	___	_____	___
13. Regular sleep patterns	___	___	_____	___
14. Difficult to get to sleep	___	___	_____	___
15. Wakes frequently	___	___	_____	___
16. Screams when wakes during the night	___	___	_____	___
17. Able to play alone for a reasonable length of time	___	___	_____	___
18. Destructive with toys	___	___	_____	___
19. Short attention span	___	___	_____	___
20. Distractible	___	___	_____	___
21. Demonstrate self-stimulating behaviors	___	___	_____	___
22. Have frequent tantrums	___	___	_____	___
23. Display extreme mood changes	___	___	_____	___
24. Unable to adjust to routine changes	___	___	_____	___
25. Aggressive, acting out behavior	___	___	_____	___
26. Seem discouraged or depressed	___	___	_____	___



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