

# Horn and Associates in Rehabilitation, PLLC

## SENSORIMOTOR HISTORY

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

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

The following questions are posed to help in compiling a more complete picture of your child from early infancy to present developmental stage. Check the choice which applies: Yes, No, Used To, or N/A (not old enough yet, or for other reasons, non-applicable). Add narrative information on the last page of this form if needed. Thank you for your cooperation.

### I. TASTE AND SMELL

Does child:

	YES	NO	USED TO	N/A
1. Act as though all foods taste the same	___	___	___	___
2. Avoid or crave certain foods	___	___	___	___
3. Chew on non-food items	___	___	___	___
4. Have any feeding problems	___	___	___	___
5. Have trouble with textured foods	___	___	___	___
6. Have sensitivity to any unusual smells	___	___	___	___
7. Taste or smell toys, clothes, etc. more than usual	___	___	___	___

### II. AUDITORY

Does child:

	YES	NO	USED TO	N/A
1. Have a diagnosed hearing problem	___	___	___	___
2. Have tubes in ears	___	___	___	___
3. Have frequent ear infections	___	___	___	___
4. Seem too sensitive to sound	___	___	___	___
5. Respond negatively to unexpected sounds	___	___	___	___
6. Have fears of any particular sounds Describe: _____	___	___	___	___
7. Become distracted by sounds such as refrigerator, fans, fluorescent light bulbs, heaters, etc.	___	___	___	___
8. Miss some sounds or words	___	___	___	___
9. Fail to listen or pay attention to what is said	___	___	___	___

## Horn and Associates in Rehabilitation, PLLC

AUDITORY CONT'D.	YES	NO	USED TO	N/A
10. Seem to be confused about what direction sounds come from	___	___	___	___
11. Like to make loud noises	___	___	___	___
12. Like to sing and/or dance to music	___	___	___	___
13. Have difficulty copying rhythmic sounds	___	___	___	___
14. Fail to follow through to act upon requests to do something (to understand directions)	___	___	___	___
15. Have difficulty when 2 or 3 steps of instructions are given at once	___	___	___	___
16. Talk excessively	___	___	___	___
17. Have difficulty listening due to excessive talking	___	___	___	___
18. Have a delay in speech development	___	___	___	___

### III. 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/enraged when touched by siblings/playmates	___	___	___	___
6. Have a strong need to touch objects and people	___	___	___	___
7. Seem to pick fights	___	___	___	___
8. Pinch, bite, or otherwise hurt self or others	___	___	___	___
9. Frequently bump or push others	___	___	___	___
10. Bang head on purpose	___	___	___	___
11. Like to touch animals	___	___	___	___
12. Dislike the feeling of certain clothing	___	___	___	___
13. Over/under dress for the temperature	___	___	___	___
14. Overheat easily	___	___	___	___
15. Seem overly sensitive to food/water temperature	___	___	___	___
16. Seem overly sensitive to rough food textures	___	___	___	___

## Horn and Associates in Rehabilitation, PLLC

TACTILE CONT'D.	YES	NO	USED TO	N/A
17. Prefer bath over showers if choice is available	—	—	—	—
18. Like to play in water, mud, sand, clay, etc.	—	—	—	—
19. Seem to lack normal awareness of being touched	—	—	—	—
20. Often seem unaware of cuts and bruises	—	—	—	—
21. Avoid using hands	—	—	—	—
22. Examine objects or clothes with hands	—	—	—	—
23. Mouth/chew on objects or clothes excessively	—	—	—	—
24. Walk on toes	—	—	—	—
25. Dislike haircuts	—	—	—	—
26. Dislike nails trimmed	—	—	—	—

### IV. VESTIBULAR

Does child:	YES	NO	USED TO	N/A
1. Arch back when held or moved	—	—	—	—
2. Enjoy being rocked	—	—	—	—
3. Like being tossed in the air	—	—	—	—
4. Like fast spinning carnival rides	—	—	—	—
5. Like to swing	—	—	—	—
6. Spin or whirl more than other children	—	—	—	—
7. Become carsick easily	—	—	—	—
8. Become nauseous and/or vomit from movement experiences	—	—	—	—
9. Rock while sitting	—	—	—	—
10. Jump a lot	—	—	—	—
11. Have fear in space (stairs, heights)	—	—	—	—
12. Lose balance easily	—	—	—	—
13. Misunderstand meaning of words used in relation to movement and/or position	—	—	—	—

# Horn and Associates in Rehabilitation, PLLC

## V. VISUAL

Does or is child:	YES	NO	USED TO	N/A
1. Have a diagnosed visual problem	___	___	___	___
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. Able to close eyes for short periods of time	___	___	___	___
8. Make reversals when copying and 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	___	___	___	___

## VI. MUSCLE TONE

Does child:	YES	NO	USED TO	N/A
1. Feel heavier than he/she looks	___	___	___	___
2. Have good endurance	___	___	___	___
3. Have any diagnosed muscle problem	___	___	___	___
4. Have flat feet	___	___	___	___
5. Slump when sitting	___	___	___	___
6. Tire easily	___	___	___	___
7. Seem generally weak	___	___	___	___
8. Keep mouth open	___	___	___	___
9. Prefer to lie on back vs. stomach	___	___	___	___

## VII. COORDINATION

Does or did child:	YES	NO	USED TO	N/A
1. Sit, stand, or walk late	___	___	___	___
2. Sit, stand, or walk early	___	___	___	___
3. Creep/crawl unusually long	___	___	___	___
4. Creep/crawl for brief period	___	___	___	___
5. Creep on tummy or bottom	___	___	___	___
6. Trip or fall a lot	___	___	___	___
7. Have slow, deliberate movements	___	___	___	___

## Horn and Associates in Rehabilitation, PLLC

COORDINATION CONT'D.	YES	NO	USED TO	N/A
8. Play with toys appropriately for age	___	___	___	___
9. Have difficulty with sequential tasks (dressing, buttoning, shoe tying)	___	___	___	___
10. Seem clumsy playing with toys	___	___	___	___
11. Have difficulty learning to hold a pencil or crayon in 3-point position	___	___	___	___
12. Have awkward or clumsy movements	___	___	___	___
13. Bump into things when moving	___	___	___	___
14. Demonstrate a dominate hand	___	___	___	___
15. Have poor handwriting	___	___	___	___
16. Handle small things easily	___	___	___	___
17. Eat neatly for age	___	___	___	___
18. Have rigid movements	___	___	___	___
19. Grimace during fine motor tasks	___	___	___	___
20. Have shaky hands during fine motor tasks	___	___	___	___
21. Enjoy sports, gym, etc.	___	___	___	___

### VIII. BEHAVIOR/TEMPERAMENT

Is or does child:	YES	NO	USED TO	N/A
1. Quiet, calm, relaxed, patient	___	___	___	___
2. Active, outgoing, enthusiastic	___	___	___	___
3. Intense, easily frustrated, anxious	___	___	___	___
4. Explosive	___	___	___	___
5. Hyperactive, always in perpetual motion	___	___	___	___
6. In the same mood all day as when he/she wakes	___	___	___	___
7. An early riser, immediately on the go	___	___	___	___
8. Clingy	___	___	___	___
9. Predictable	___	___	___	___
10. Rigid, set in ways	___	___	___	___
11. Adaptable, flexible	___	___	___	___
12. Have regular sleep patterns	___	___	___	___
13. Have difficulty falling asleep	___	___	___	___
14. Sleep in own bed	___	___	___	___
15. Wake frequently	___	___	___	___
16. Scream when wakes at night	___	___	___	___
17. Able to play alone for a reasonable length	___	___	___	___
18. Destructive with toys	___	___	___	___

## Horn and Associates in Rehabilitation, PLLC

BEHAVIOR/TEMPERAMENT CONT'D.	YES	NO	USED TO	N/A
19. Have a short attention span	___	___	___	___
20. Distractible	___	___	___	___
21. Have difficulty making a choice	___	___	___	___
22. Demonstrate self stimulating behaviors	___	___	___	___
23. Have frequent tantrums	___	___	___	___
24. Display extreme mood changes	___	___	___	___
25. Unable to adjust to routine change	___	___	___	___
26. Have aggressive, acting out behaviors	___	___	___	___
27. Make friends easily	___	___	___	___
28. Prefer the company of adults or older children	___	___	___	___
29. Prefer playing with children 1-2 years younger	___	___	___	___
30. Interact with anyone, including strangers	___	___	___	___
31. Seem to be a loner	___	___	___	___
32. Need control of the environment or activity	___	___	___	___
33. Have trouble responding to limit settings	___	___	___	___
34. Express feelings of low self-esteem	___	___	___	___
35. Express feelings of failure and frustration	___	___	___	___
36. Seem discouraged or depressed	___	___	___	___

### IX. LEARNING STYLES (SCHOOL AGED CHILDREN)

Does child:	YES	NO	USED TO	N/A
1. Recognize own errors	___	___	___	___
2. Learn from mistakes	___	___	___	___
3. Acquire materials needed for a task	___	___	___	___
4. Able to set up a work space	___	___	___	___
5. Maintain work space	___	___	___	___
6. Able to work independently	___	___	___	___
7. Generalize known skills to acquire new skills	___	___	___	___
8. Demonstrate age appropriate memory	___	___	___	___

## Horn and Associates in Rehabilitation, PLLC

LEARNING STYLES CONT'D.	YES	NO	USED TO	N/A
9. Ask for help appropriately	___	___	___	___
10. Plan ahead	___	___	___	___
11. Create new ideas and ways of doing things	___	___	___	___
12. Use age appropriate content in written language	___	___	___	___
13. Complete work on time	___	___	___	___
14. Have average reading level	___	___	___	___
15. Have average math level	___	___	___	___
16. Current placement/services in school _____				

### X. SELF-HELP ABILITIES

	YES	NO	SOMETIMES
1. Can child take off simple clothing?			
Shirt	___	___	___
Pants	___	___	___
Socks	___	___	___
Shoes	___	___	___
Undergarments	___	___	___
2. Can child put on simple clothing?			
Shirt	___	___	___
Pants	___	___	___
Socks	___	___	___
Shoes	___	___	___
Undergarments	___	___	___
3. Can child manipulate the following?			
Zippers	___	___	___
Snaps	___	___	___
Velcro	___	___	___
Buttons	___	___	___
Buckles	___	___	___
Shoelaces	___	___	___
4. Does child use the following without help?			
Spoon	___	___	___
Fork	___	___	___
Knife	___	___	___
Bottle	___	___	___
Open cup	___	___	___
Sipper cup/ adaptive cup	___	___	___
Straw	___	___	___
Toothbrush	___	___	___

**Horn and Associates in Rehabilitation, PLLC**

**SELF-HELP ABILITIES CONT.**

5. Does child have any difficulties chewing or drinking? \_\_\_\_\_

Describe \_\_\_\_\_  
\_\_\_\_\_

6. Is child toilet trained? \_\_\_\_\_ If no, does the child alert an adult if diaper/pull-up needs changing? \_\_\_\_\_ If yes, does the child alert an adult before using the bathroom? \_\_\_\_\_

**COMMENTS AND CONCERNS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_