



Background Information and Occupational Intake Form

-----Family Information-----

Child's name _____

Birth Date _____ Age _____ Home/Cell Phone Number _____/_____

Parent's name _____

Address _____

Email _____

-----Referring Information-----

Who referred this child for an evaluation? _____

Reason for referral? _____

What are your primary concerns/goals for therapy regarding your child?

What are your child's strengths?

-----School History-----

School Name and Teacher:

Grade: _____

Hand preference: Right Left Both

Does your child receive special instruction or have an established IEP? no yes

School based therapy? OT PT Speech and Language

-----**Medical History**-----

Any difficulties during pregnancy or delivery? No Yes If Yes please specify:

Length of pregnancy: _____ Birth was: Vaginal Caesarian Breech

Chronic ear infections? no yes tubes placed _____ sets of tubes

Current prescribed medications: _____

Known food allergies: _____

Special Diet (GFCF, Ketogenic, pureed food only, tube feeding, etc.):

Medical precautions: _____

Diagnosis given by other health care professionals?

Hospitalizations, date and length of stay:

Surgeries? _____

Currently receiving services from other health care professionals:

- Psychologist PT Speech and Language Nutritionist Behavioral Specialist Other:

-----**Developmental History**-----

Please check all the developmental milestones that your child *achieved*:

rolling sitting alone creeping on all 4's pull to stand walking

first word: _____(age) combined words: _____(age) finger feeding

eating with a spoon cutting with a knife cutting with scissors jumping

hopping on one foot riding a bike

Developmental milestones were met: within typical age ranges delayed

Please check the amount of assistance needed for your child to complete the following:

Self care:	Independent (completes without help)	I assist 50% or more	Dependent (total assistance needed)
Takes off pants:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts on pants:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes off shirt:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts on shirt:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buttons:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zipper:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snaps:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts on shoes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes off shoes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ties shoes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts on socks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes off socks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing routine:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth brushing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scooping with a spoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spears with a fork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinks from open cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinks from straw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe your child at present:

	Yes	No	Sometimes
Mostly quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overly active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks constantly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sometimes	Yes	No
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resistant to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fights frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits temper tantrums (describe:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clumsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous ticks/habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wets bed (frequency:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusual fears (list:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rocks self frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sluggish in the mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-----**Social and Occupational History**-----

Does your child:

	Often	Sometimes	Rarely
Socialize with family and close friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate needs and wants effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard to make friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tend to interact/play with younger children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy time alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerate change in routine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the community, does your child:

	Often	Sometimes	Rarely
Tolerate running errands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy eating in restaurants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending birthday parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending family gatherings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-----**Sensory Processing Checklist**-----

The purpose of this sensory processing checklist is to help you the parent/caregiver become educated about particular signs of sensory processing dysfunction and allows the professional to gather a background of behavior responses. **It is not to be used as a diagnostic criteria for labeling children with sensory processing disorder;** but rather, as an educational tool and checklist for knowledge. Please check symptoms that you feel best describe your child's sensory behaviors.

Tactile Sense: input from the skin receptors about touch, pressure, temperature, pain, and movement of the hairs on the skin.

Signs Of Tactile Dysfunction:

Hypersensitivity To Touch (Tactile Defensiveness)

- becomes fearful, anxious or aggressive with light or unexpected touch
- as an infant, did/does not like to be held or cuddled; may arch back, cry, and pull away
- appears fearful of, or avoids standing in close proximity to other people or peers (especially in lines)
- becomes frightened when touched from behind or by someone/something they cannot see (such as under a blanket)
- complains about having hair brushed; may be very picky about using a particular brush
- avoids group situations for fear of the unexpected touch
- resists friendly or affectionate touch from anyone besides parents or siblings
- dislikes kisses, will "wipe off" place where kissed
- prefers hugs
- a raindrop, water from the shower, or wind blowing on the skin may feel like torture and produce adverse and avoidance reactions
- may overreact to minor cuts, scrapes, and or bug bites
- avoids touching certain textures of material (blankets, rugs, stuffed animals)
- refuses to wear new or stiff clothes, clothes with rough textures, turtlenecks, jeans, hats, or belts, etc.
- avoids using hands for play
- avoids/dislikes/aversive to "messy play", i.e., sand, mud, water, glue, glitter, PlayDoh, slime, shaving cream/funny foam etc.

- __ will be distressed by dirty hands and want to wipe or wash them frequently
- __ distressed by seams in socks and may refuse to wear them
- __ distressed by clothes rubbing on skin; may want to wear shorts and short sleeves year round, toddlers may prefer to be naked and pull diapers and clothes off constantly
- __ or, may want to wear long sleeve shirts and long pants year round to avoid having skin exposed
- __ distressed about tags in clothing, may ask to have removed
- __ distressed about having face washed
- __ distressed about having hair, toenails, or fingernails cut
- __ resists brushing teeth and is extremely fearful of the dentist
- __ is a picky eater, only eating certain tastes and textures; mixed textures tend to be avoided as well as hot or cold foods; resists trying new foods
- __ may refuse to walk barefoot on grass or sand
- __ may walk on toes only

Hyposensitivity To Touch (Under-Responsive):

- __ may crave touch, needs to touch everything and everyone
- __ is not aware of being touched/bumped unless done with extreme force or intensity
- __ is not bothered by injuries, like cuts and bruises, and shows no distress with shots (may even say they love getting shots!)
- __ may not be aware that hands or face are dirty or feel his/her nose running
- __ may be self-abusive; pinching, biting, or banging his own head
- __ mouths objects excessively
- __ frequently hurts other children or pets while playing
- __ repeatedly touches surfaces or objects that are soothing (i.e., blanket)
- __ seeks out surfaces and textures that provide strong tactile feedback
- __ thoroughly enjoys and seeks out messy play
- __ craves vibrating or strong sensory input
- __ has a preference and craving for excessively spicy, sweet, sour, or salty foods

Poor Tactile Perception And Discrimination:

- __ has difficulty with fine motor tasks such as buttoning, zipping, and fastening clothes
- __ may not be able to identify which part of their body was touched if they were not looking
- __ may be a messy dresser; looks disheveled, does not notice pants are twisted, shirt is half un tucked, shoes are untied, one pant leg is up and one is down, etc.

- has difficulty using scissors, crayons, or silverware
 - continues to mouth objects to explore them even after age two
 - has difficulty figuring out physical characteristics of objects; shape, size, texture, temperature, weight, etc.
 - may not be able to identify objects by feel, uses vision to help; such as, reaching into backpack or desk to retrieve an item
-

Vestibular Sense: The vestibular system is the sensory system that responds to motion or change of head position. The receptors for movement are located in the inner ear. They tell the brain what direction the head is moving, the speed of the movement and where we are in space.

Signs Of Vestibular Dysfunction:

Hypersensitivity To Movement (Over-Responsive):

- avoids/dislikes playground equipment; i.e., swings, ladders, slides, or merry-go-rounds
- prefers sedentary tasks, moves slowly and cautiously, avoids taking risks
- avoids/dislikes elevators and escalators; may prefer sitting while they are on them or, actually get motion sickness from them
- may appear terrified of falling even when there is no real risk of it
- afraid of heights, even the height of a curb or step
- fearful of feet leaving the ground
- fearful of going up or down stairs or walking on uneven surfaces
- afraid of being tipped upside down, sideways or backwards; will strongly resist getting hair washed over the sink
- startles if someone else moves them; i.e., pushing his/her chair closer to the table
- as an infant, may never have liked baby swings or jumpers
- may be fearful of, and have difficulty riding a bike, jumping, hopping, or balancing on one foot (especially if eyes are closed)
- may have disliked being placed on stomach as an infant
- loses balance easily and may appear clumsy
- avoids rapid or rotating movements

Hyposensitivity To Movement (Under-Responsive):

- in constant motion, can't seem to sit still
- craves fast, spinning, and/or intense movement experiences
- loves being tossed in the air

- could spin for hours and never appear to be dizzy
- loves the fast, intense, and/or 'scary' rides at amusement parks
- always jumping on furniture, trampolines, spinning in a swivel chair, or getting into upside down positions
- loves to swing as high as possible and for long periods of time
- is a "thrill-seeker"; dangerous at times
- always running, jumping, hopping etc. instead of walking
- rocks body, shakes leg, or head while sitting

Poor Muscle Tone And/Or Coordination:

- "floppy" body
- frequently slumps, lies down, and/or leans head on hand or arm while working at his/her desk
- difficulty simultaneously lifting head, arms, and legs off the floor while lying on stomach ("superman" position)
- often sits in a "W sit" position on the floor
- fatigues easily!
- compensates for "looseness" by grasping objects tightly
- difficulty turning doorknobs, handles, opening and closing items
- difficulty catching him/her self if falling
- difficulty getting dressed and doing fasteners, zippers, and buttons
- may have never crawled or limited period of time when did crawl as an baby
- has poor body awareness; bumps into things, knocks things over, trips, and/or appears clumsy
- poor gross motor skills; jumping, catching a ball, jumping jacks, climbing a ladder etc.
- poor fine motor skills; difficulty using "tools", such as pencils, silverware, combs, scissors etc.
- may appear ambidextrous, frequently switching hands for coloring, cutting, writing etc.; does not have an established hand preference/dominance by 4 or 5 years old
- seems to be unsure about how to move body during movement, for example, stepping over something

Proprioceptive Sense: input from the muscles and joints about body position, weight, pressure, stretch, movement, and changes in position in space.

Signs Of Proprioceptive Dysfunction:

Sensory Seeking Behaviors:

- seeks out jumping, bumping, and crashing activities
- stomps feet when walking
- kicks his/her feet on floor or chair while sitting at desk/table
- loves to be tightly wrapped in many or weighted blankets, especially at bedtime
- prefers clothes (and belts, hoods, shoelaces) to be as tight as possible
- loves/seekes out "squishing" activities, enjoys bear hugs
- excessive banging on/with toys and objects
- loves "rough-housing" and tackling/wrestling games
- frequently falls on floor intentionally
- would jump on a trampoline for hours on end
- grinds his/her teeth throughout the day
- loves pushing/pulling/dragging objects
- loves jumping off furniture or from high places
- frequently hits, bumps or pushes other children
- chews on pens, straws, shirt sleeves etc.

Difficulty With "Grading Of Movement":

- difficulty regulating pressure when writing/drawing; may be too light to see or so hard the tip of writing utensil breaks
- written work is messy and he/she often rips the paper when erasing
- always seems to be breaking objects and toys
- misjudges the weight of an object, such as a glass of juice, picking it up with too much force sending it flying or spilling, or with too little force and complaining about objects being too heavy
- may not understand the idea of "heavy" or "light"; would not be able to hold two objects and tell you which weighs more
- seems to do everything with too much force; i.e., walking, slamming doors, pressing things too hard, slamming objects down
- plays with animals with too much force, often hurting them

Signs Of Auditory Dysfunction: (no diagnosed hearing problem)

Hypersensitivity To Sounds (Auditory Defensiveness):

- __ distracted by sounds not normally noticed by others; i.e., humming of lights or refrigerators, fans, heaters, or clocks ticking
- __ fearful of the sound of a flushing toilet (especially in public bathrooms), vacuum, hairdryer, squeaky shoes, or a dog barking
- __ started with or distracted by loud or unexpected sounds
- __ bothered/distracted by background environmental sounds; i.e., lawn mowing or outside construction
- __ frequently asks people to be quiet; i.e., stop making noise, talking, or singing
- __ runs away, cries, and/or covers ears with loud or unexpected sounds
- __ may refuse to go to movie theaters, parades, skating rinks, musical concerts, firework show etc.

Hyposensitivity To Sounds (Under-Registers):

- __ often does not respond to verbal cues or to name being called
- __ appears to "make noise for noise's sake"
- __ loves excessively loud music or TV
- __ seems to have difficulty understanding or remembering what was said
- __ appears oblivious to certain sounds
- __ appears confused about where a sound is coming from
- __ talks self through a task, often out loud
- __ needs directions repeated often, or will say, "What?" frequently

Signs Of Oral Input Dysfunction:

Hypersensitivity To Oral Input (Oral Defensiveness):

- __ picky eater, often with extreme food preferences; i.e., limited repertoire of foods, picky about brands, resistive to trying new foods or restaurants, and may not eat at other people's houses)
- __ may only eat "soft" or pureed foods past 24 months of age
- __ may gag with textured foods
- __ has difficulty with sucking, chewing, and swallowing; may choke or have a fear of choking

resists/refuses/extremely fearful of going to the dentist or having dental work done

may only eat hot or cold foods

may complain foods are 'too hot' that are at room temperature

dislikes or complains about toothpaste and mouthwash

avoids seasoned, spicy, sweet, sour or salty foods; prefers bland foods

Hyposensitivity To Oral Input (Under-Registers)

may lick, taste, or chew on inedible objects

prefers foods with intense flavor; i.e., excessively spicy, sweet, sour, or salty

excessive drooling past the teething stage

frequently chews on hair, shirt, or fingers

constantly putting objects in mouth past the toddler years

acts as if all foods taste the same

can never get enough condiments or seasonings on his/her food

loves vibrating toothbrushes and even trips to the dentist

Signs Of Olfactory Dysfunction (Smells):

Hypersensitivity To Smells (Over-Responsive):

reacts negatively to, or dislikes smells which do not usually bother, or get noticed, by other people

tells other people (or talks about) how bad or funny they smell

refuses to eat certain foods because of their smell

offended and/or nauseated by bathroom odors or personal hygiene smells

bothered/irritated by smell of perfume or cologne

bothered by household or cooking smells

Hyposensitivity To Smells (Under-Responsive):

has difficulty discriminating unpleasant odors

may drink or eat things that are poisonous because they do not notice the noxious smell

unable to identify smells from scratch 'n sniff stickers

does not notice odors that others usually complain about

fails to notice or ignores unpleasant odors

makes excessive use of smelling when introduced to objects, people, or places

Signs Of Visual Input Dysfunction (No Diagnosed Visual Deficit):

Hypersensitivity To Visual Input (Over-Responsiveness)

sensitive to bright lights; will squint, cover eyes, cry and/or get headaches from the light

has difficulty keeping eyes focused on task/activity he/she is working on for an appropriate amount of time

easily distracted by other visual stimuli in the room; i.e., movement, decorations, toys, windows, doorways etc.

has difficulty in bright colorful rooms or a dimly lit room

rubs his/her eyes, has watery eyes or gets headaches after reading or watching TV

avoids eye contact

Hyposensitivity To Visual Input

has difficulty telling the difference between similar printed letters or figures; i.e., p & q, b & d, + and x, or square and rectangle

has a hard time seeing the "big picture"; i.e., focuses on the details or patterns within the picture

has difficulty locating items among other items; i.e., papers on a desk, clothes in a drawer, items on a grocery shelf, or toys in a bin/toy box

often loses place when copying from a book or the chalkboard

difficulty controlling eye movement to track and follow moving objects

has difficulty telling the difference between different colors, shapes, and sizes

often loses his/her place while reading or doing math problems

makes reversals in words or letters when copying, or reads words backwards; i.e., "was" for "saw" and "no" for "on" after first grade

complains about "seeing double"

difficulty finding differences in pictures, words, symbols, or objects

difficulty with consistent spacing and size of letters during writing and/or lining up numbers in math problems

difficulty with jigsaw puzzles, copying shapes, and/or cutting/tracing along a line

tends to write at a slant (up or down hill) on a page

confuses left and right

fatigues easily with schoolwork

difficulty judging spatial relationships in the environment; i.e., bumps into objects/people or missteps on curbs and stairs

Auditory-Language Processing Dysfunction:

unable to locate the source of a sound

difficulty identifying people's voices

difficulty discriminating between sounds/words; i.e., "dare" and "dear"

difficulty filtering out other sounds while trying to pay attention to one person talking

bothered by loud, sudden, metallic, or high-pitched sounds

difficulty attending to, understanding, and remembering what is said or read; often asks for directions to be repeated and may only be able to understand or follow two sequential directions at a time

looks at others to/for reassurance before answering

difficulty putting ideas into words (written or verbal)

often talks out of turn or "off topic"

if not understood, has difficulty re-phrasing; may get frustrated, angry, and give up

difficulty reading, especially out loud (may also be dyslexic)

difficulty articulating and speaking clearly

ability to speak often improves after intense movement

Emotional Response, Play, And Self-Regulation Dysfunction:

Emotional:

difficulty accepting changes in routine (to the point of tantrums)

gets easily frustrated

often impulsive

functions best in small group or individually

variable and quickly changing moods; prone to outbursts and tantrums

prefers to play on the outside, away from groups, or just be an observer

avoids eye contact

difficulty appropriately making needs known

Play:

difficulty with imitative play (over 10 months)

wanders aimlessly without purposeful play or exploration (over 15 months)

needs adult guidance to play, difficulty playing independently (over 18 months)

participates in repetitive play for hours; i.e., lining up toys cars, blocks, watching one movie over and over etc.

Self-Regulation:

excessive irritability, fussiness or colic as an infant

can't calm or soothe self through pacifier, comfort object, or caregiver

can't go from sleeping to awake without distress

requires excessive help from caregiver to fall asleep; i.e., rubbing back or head, rocking, long walks, or car rides

Internal Regulation (The Interoceptive Sense):

severe/several mood swings throughout the day (angry to happy in short periods of time, perhaps without visible cause)

unpredictable state of arousal or inability to control arousal level (hyper to lethargic, quickly, vacillating between the two; over stimulated to under stimulated, within hours or days, depending on activity and setting, etc.)

frequent constipation or diarrhea, or mixed during the same day or over a few days

difficulty with potty training; does not seem to know when he/she has to go (i.e., cannot feel the necessary sensation that bowel or bladder are full)

unable to regulate hunger; eats all the time, won't eat at all, unable to feel full/hungry

(Adapted from www.sensory-process-disorder.com)

Please provide any additional information that will help to better understand your child:

Thank you!

Kimberly N. Hunt, OTR/L
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