

## Firefly Center: Therapy Services for Children SENSORIMOTOR HISTORY

Child's Name: \_\_\_\_\_ History Completed by: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the appropriate response for the items below. When more than one behavior is listed, circle the specific issue your child is experiencing. Be sure to note any areas of particular concern and add additional information as needed.

<b>AUDITORY</b>	ALWAYS	SOMETIMES	NEVER	USED TO
Responds negatively to unexpected or loud sounds or seems overly sensitive to sounds (i.e. vacuum, sirens, fridge, etc.).				
Hold hands over ears or otherwise tries to "escape" certain sounds.				
Has difficulty working or concentrating with background noise.				
Appears irritated or fearful of singing, music or the radio.				
Does not respond to name when called.				
Appears not to hear directions or needs instructions repeated.				
Has frequent ear infections.				
Craves certain music, singing and/or making loud noises.				
Sing, hums or talks self through tasks.				
<b>VISUAL</b>	ALWAYS	SOMETIMES	NEVER	USED TO
Wears glasses.				
Seems sensitive to light or sunlight.				
Dislikes having vision occluded or being in the dark.				
Has difficulty focusing on tasks when in a visually stimulating room or environment (visually distractible).				
Has difficulty with writing (if appropriate for age).				
Has difficulty reading (if appropriate for age).				
Has difficulty copying from the board (if appropriate for age).				
Avoids eye contact.				
Has trouble tracking or following movement with the eyes.				
Leans head, props head on table/arm or turns head to look out of one eye during tabletop work.				
Seems not to notice when others come into the room.				
Has difficulty finding objects in a busy/complex background.				
Looks at people or objects out of the "corner of the eye".				

<b>TACTILE</b>	ALWAYS	SOMETIMES	NEVER	USED TO
Avoids "messy" activities (i.e. finger paint, glue, sand, water play)				
Seems sensitive to certain fabrics, and/or certain clothes.				
Prefers one type of clothes regardless of the weather/temperature.				
Is irritated by shoes or socks, prefers to be barefoot.				
Is irritated by being barefoot, especially in sand or grass.				
Reacts strongly to or retreats from unexpected or light touch.				
Rubs or touches an area that has been touched.				
Has difficulty with self care activities (i.e. bathing, brushing teeth, washing face/hands/hair, dressing, etc.).				
Has very particular preferences for food texture.				
Gags easily, especially with particular food textures/tastes.				
Excessively ticklish				
Explores by touch and/or seems to "touch everything".				
Has decreased awareness of or response to pain.				
Seems unaware of clothing that is twisted on body.				
Engages in self-injurious behavior.				
<b>TASTE and SMELL</b>	ALWAYS	SOMETIMES	NEVER	USED TO
Reacts strongly to smell or seems more sensitive to smell than others.				
Explores environment or objects by smelling them.				
Has strong preferences for particular smells.				
Does not seem to smell strong odors.				
Explores objects by licking or tasting them.				
Has strong preferences for particular flavors (please indicate).				

<b>MOVEMENT/BALANCE</b>	ALWAYS	SOMETIMES	NEVER	USED TO
Seems fearful of or avoids movement activities or playground structures.				
Is fearful of falling or heights.				
Avoids being upside down (i.e. turning a somersault).				
Trips easily, is clumsy or uncoordinated.				
Avoids challenges to balance.				
Is prone to carsickness.				
Becomes dizzy or nauseous with movement activities (i.e. swinging).				
Resists having head tipped back.				
Prefers sedentary play options, prefers quiet/seated activities.				
Is fearful of going up/down stairs, relying heavily on the handrail.				
Has difficulty sitting still.				
Seems to always be "on the go" or moving.				
Craves swinging, spinning, being upside down and/or rocking.				
Craves jumping or jumping down off high surfaces.				
As an infant, tended to arch back when held or moved.				
As an infant, required/craved frequent rocking to calm.				
Mouths, sucks or licks toys or clothes.				
<b>BODY POSITION AND AWARENESS</b>	ALWAYS	SOMETIMES	NEVER	USED TO
Craves falling, crashing, wrestling or other "rough play" activities.				
Seems to trip or fall easily, and/or falls out of chair.				
Walks on toes.				
Seems to have weak muscles.				
Seems to grasp pencil tightly and/or write with excess pressure.				
Has a weak grasp, and/or writes very lightly.				
Leans or pushes into others or props self for support.				
Tires easily, especially when standing or holding one position.				
Lock joints for stability (i.e. knees or elbows).				
Bumps into others and/or does not seem to understand "personal space" concepts.				

<b>FINE MOTOR CONTROL</b>	ALWAYS	SOMETIMES	NEVER	USED TO
Uses one hand for writing/drawing/cutting tasks (circle: left or right).				
Switches hands when doing fine motor activity.				
Has difficulty grasping a pencil.				
Has difficulty with coloring inside the lines.				
Has difficulty drawing or writing.				
Uses too much/too little pressure with pencil (indicate which one).				
Tires quickly when writing or drawing.				
Does not stabilize paper when writing or drawing.				
Has difficulty grasping scissors or cutting.				
Has difficulty managing clothing fasteners or tying shoes.				
Avoids fine motor tasks.				
Difficulty using hands together to complete tasks.				
<b>GROSS MOTOR CONTROL</b>	ALWAYS	SOMETIMES	NEVER	USED TO
Seems weak for age and/or tires easily (low endurance).				
Has difficulty with walking, running, jumping, skipping, hopping, galloping (please circle all applicable responses).				
Has difficulty with ball skills.				
Appears stiff or awkward during movement.				
Seems clumsy, falls often, bumps into things.				
Confuses left and right.				
Avoids gross motor activities.				
Is fearful or avoidant of sports or team activities.				

<b>SOCIAL AND EMOTIONAL RESPONSES</b>	ALWAYS	SOMETIMES	NEVER	USED TO
Has difficulty transitioning from one activity or environment to another.				
Has frequent tantrums or emotional outbursts.				
Has low frustration tolerance.				
Has difficulty persisting with tasks, "flits" from one activity to another.				
Has difficulty tolerating changes in routine.				
Seems to have poor self-esteem or sense of self worth.				
Has difficulty socializing or making friends.				
Seems to have difficulty figuring out how to do new tasks.				
Has a large number of fears.				
Seems to have no fear and/or decreased safety awareness.				
Has difficulty with non-verbal communication (i.e. reading others' facial expressions).				
Acts out behaviorally.				
Acts impulsively.				
Is extremely sensitive to c feedback or criticism.				
Strikes out at others.				
Prefers to be alone, is a "loner" at school.				
<b>SELF REGULATION/ ATTENDING SKILLS</b>				
Is restless, impulsive and/or distractible.				
Has difficulty attending to one task.				
Has difficulty completing tasks without adult supervision.				
Is frequently out of seat and/or moving or fidgeting when in chair.				
Has low frustration tolerance.				
Seems to understand directions, but cannot organize work or self to start, persist in and/or complete task.				
Works very slowly.				
Perseverates on one part of a task, becomes "stuck" in a task.				
Talks excessively rather than working on a given task.				
Daydreams or seems to "space out" during activities.				