

Reassessment

Name _____ Reassessment Date _____

Comments/progress over last therapy period:

Mobility _____ R. L. M.

Crawl

Creep

Walk

Run

Skip

Hop

R. L.

Language _____

Manual _____ R. L. M.

Cortical Opposition

Supination/pronation

Visual


Near: R. L. M.

Far: R. L. M.

Pupils

Horizontal

Vertical

Convergence 

Auditory

R. L. M.

Tactile

R. L. M.

Touch: Hypersensitive?

Pain: Ignores/Doesn't feel?

Position Sense

Point Discrimination: R: H _____ A _____ UA _____ Face _____
L: H _____ A _____ UA _____ Face _____

Stereognosis

Babinski: R _____ L _____

Program: