



## Screening Sheet

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments on issues:

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Please check any statements that apply:

- There were medical problems during pregnancy.
- The birth was unusual and/or prolonged.
- Born early or later for term (more than 2 weeks early or more than 10 days late).
- Birth weight was below 5 pounds.
- Difficulty feeding in the first weeks of life and/or keeping food down.
- Extremely demanding during the first 6 months of life. Did not belly crawl and/or creep on hands and knees.
- Walked after 16 months.
- Talked late (2-3 word phrases at 18 months or later).
- Difficulties learning to dress, do buttons, or tie shoelaces beyond age 6-7 years.
- Allergies.
- Experienced an adverse reaction to a vaccination.
- Thumb sucking after the age of 5 years.
- Continued to wet the bed, albeit occasionally, beyond the age of 5.
- Suffers from motion sickness.
- Difficulty learning to tell time from a traditional clock (as opposed to a digital clock).
- Difficulty learning to ride a two-wheeled bicycle.
- Frequent ear, nose, throat, or chest infections.
- During the first 3 years of life, had an illness involving extremely high temperature, delirium or convulsion.
- Difficulty catching a ball and/or stands out as 'awkward' in large motor activities.
- Difficulties sitting still, for even a short time.
- Difficulty reading.
- Difficulty writing.
- Difficulty copying.
- Problems controlling temper, large outburst out of proportion to the stimulus.
- Impulse control problems.
- Difficulty with long or short term memory.

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**MOBILITY:**

Crawl: \_\_\_\_\_

Creep: \_\_\_\_\_

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**MANUAL:**

Cortical Opposition: \_\_\_\_\_

Supination/Pronation: \_\_\_\_\_

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**VISUAL:**

Pupils: \_\_\_\_\_

Horizontal: \_\_\_\_\_

Vertical: \_\_\_\_\_

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**AUDITORY:****TACTILE:**

Position Sense: \_\_\_\_\_

Point Discrimination: \_\_\_\_\_

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**Program Recommendations:**

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	VISUAL	AUDITORY	TACTILE	MOBILITY	LANGUAGE	HAND FUNCTION
CORTEX						
CORTEX						
CORTEX						
CORTEX						
MIDBRAIN						
PONS						
EDULLA & CORD						

I hereby give my consent for my child to be screened.

Signature: \_\_\_\_\_