

**Sensory Processing/Developmental History Checklist
Children Birth to 3 years**

Child's Name: _____ DOB: _____ Age: _____
Parents/Guardians Name(s): _____
Address: _____ City: _____ ST: _____ Zip: _____
Phone (H) _____ (Cell) _____ (Work) _____
Medical History: _____
Hospitalizations: _____
Surgery: _____
Ear Infections: _____ Frequency: _____
Tubes in Ears: _____ Date(s): _____
Allergies: _____
Medications: _____
Diagnosis: _____

Child's Birth: Circle all that apply

Vaginal
C-section Emergency or Scheduled
Forceps for delivery
Vacuum for delivery
Breech (feet first)
Premature yes/no Number of weeks? _____
NICU hospitalization: _____ How long? _____

Infancy and Early Childhood

Sleeping problems:

Feeding problems: Colic Reflux Other problems: _____

Preferred positions as infant (describe): _____

Movement(circle): Assists in calming child Made child nauseated

Crawling phase: absent brief commando creep on all 4's

Experienced delays/hesitancy with stairs, stepping over objects, off curbs

Delays in developmental milestones: _____

Describe child's behavior: _____

Parent Concerns:

Circle areas of difficulty. Make comments if applicable at end of each section. If child has difficulty with several items in 3 or more areas and all items in one area please call PTS to refer for an occupational therapy evaluation.

Touch, Bathing, Dressing, Feeding

Child resists cuddling to adult body, pulls away or arches their body most of the time
Prefers to be naked or just in a diaper (resists having clothing put on)
Dislikes/ resists face or hair washing, teeth being brushed, nails clipped
Doesn't notice pain when falling, getting medical shots, bumping into something

Movement and balance (vestibular system)

Constantly moving, running, rocking compared to peers
Clumsy, frequent falls, bumps into things, poor balance
Skipped crawling phase went straight to walking
Fearful of being swung around though held securely

Visual and Fine Motor Skills

Sensitive to bright lights (closes or squints eyes, may cry)
Does not look at adults face/ mouth especially during feeding
Avoids eye contact
Becomes overly excited or withdraws in grocery stores, restaurants, etc.
Has difficulty using hands/ eyes together effectively to play with toy
Does not stabilize toys with one hand while using opposite hand to stack, nest toys
Cannot operate levers on age appropriate toys

Sound, Listening, Language

Child is extremely fearful/startled of typical environmental sounds like vacuum, dog barking, sounds on TV
Hearing is normal but child doesn't respond to verbal cues from parent
Distracted by sounds typically not noticed by others (train in the distance, kitchen appliances, etc.)
Child does not babble or vocalize compared to peers

Play Skills

Wanders around playroom, unable to initiate purposeful play
Does not demonstrate imitative play(over 10 mos.)
Doesn't have favorite movement games, songs or anticipate these activities with parent or siblings
Behaviors such as hand flapping, staring at spinning objects, lying on side and lining up toys predominate play

Emotional Attachment/Functioning

Self abusive (bangs head, bites self)

Prefers to play with toys rather than people

Others can't understand child's interactions

Self care skills, eating, sleeping

Has not developed predictable sleep patterns (should sleep all night by 6 mos.)

Requires extensive help to fall asleep (rocking, car rides, hair stroking)

Eats only soft foods after 9 months of age

Excessive drooling (beyond teething stage)

Avoids finger feeding

Has trouble coordinating sucking, swallowing, breathing

Self regulation and Attention

Irritable/fussy

Unable to calm with pacifier, caregiver holding, talking (>9 months)

Distress with transitions (changing activities)

Too distracted to stay seated for meals