Step 4 of 5: Developmental/sensorimotor History, Page 1 of 4

Student _____ Completed by _____ Date _____

Current Grade: _____ Date of Birth: _____

The following optional information can help the Educational Support Team develop a more complete picture of your child from early infancy to his/her present developmental stage. This form will not be added to your student's main file; it will be kept in his or her working file by the EST.

Please add narrative information that you feel is important.

MOTHER'S HEALTH HISTORY DURING PREGNANCY Did mother:

Have any infections/illnesses during pregnancy? Have any shocks or unusual stress during pregnancy? If so, please describe:

Have any complications during delivery and/or labor? If so, please describe:

CHILD'S BIRTH Birth weight: _____ Weight when discharged from hospital: _____

Apgar scores: 1 minute:_____ 5 minutes: _____

CURRENT HEALTH and HOME SETTING

Please describe any current health conditions which may affect learning

If this child is on medication for above; we would appreciate this background information

Please describe any changes at home which may affect learning

Please describe any family background of learning disabilities

Please describe any social problems your child is having

Additional notes

Please think of the various stages of your child's development, considering behavior that comes to mind as you answer these questions. Which behavior do you think of as being different from other children you know? Were there times when your child's behavior was difficult to cope with in the family unit? Circle the choice which applies: – Y (Yes), N (No), U (Used to), or D (Doesn't apply because child is not yet old enough, or for another reason).

Tactile (touch) – Does your child:

Dislike to be touched, held or cuddled??	Y N U D
Prefer to touch rather than be touched?	Y N U D
Seem excessively ticklish?	Y N U D
Seem easily irritated or threatened when touched by siblings or playmates?	Y N U D
Have a strong need to touch people & objects?	Y N U D
Seem to pick fights?	Y N U D
Pinch, bite or otherwise hurt self or others?	Y N U D
Frequently bump or push others?	Y N U D
Bang head on purpose?	Y N U D
Dislike to touch animals?	Y N U D
Dislike the feeling of certain clothing?	Y N U D
Over or under dress for the temperature?	Y N U D
Overheat easily?	Y N U D
Seem overly sensitive to food or water temperature?	Y N U D
Seem overly sensitive to rough food textures?	Y N U D
Prefer tub baths to showers?	Y N U D
Dislike to play in water, sand, mud, clay, etc.?	Y N U D
Seem to lack normal awareness of being touched?	Y N U D
Often seem unaware of cuts, bruises, etc., until brought to attention?	Y N U D
Avoid using hands?	Y N U D
Examine objects or clothes with hands?	Y N U D
Mouth objects or clothes excessively?	Y N U D

Vestibular (movement) – Does your child:

Arch back when held or moved?	Y N U D
Enjoy being rocked?	Y N U D
Like being tossed in the air?	Y N U D
Like fast rides?	Y N U D
Like to swing?	Y N U D
Spin or whirl more than other children?	Y N U D
Get carsick easily?	Y N U D
Get nauseous and/or vomit from other kinds of movement?	Y N U D
Rock/bounce while sitting?	Y N U D
Jump a lot?	Y N U D
Have fear in space (stairs, heights)?	Y N U D
Lose balance easily?	Y N U D
Dislike climbing?	Y N U D
Walk on toes (not whole foot)?	Y N U D
Misunderstand meanings of words used in relation to movement or position?	Y N U D

Visual – Does your child:

Have a visual problem?	Y N U D
Seem very sensitive to light?	Y N U D
Have trouble using eyes?	Y N U D
Avoid eye contact?	Y N U D
Get distracted by visual stimuli?	Y N U D
Dislike having eyes covered?	Y N U D
Have the ability to close eyes for short periods?	Y N U D
Make reversals when writing, copying or reading?	Y N U D
Like playing in the dark?	Y N U D
Have trouble with shapes, colors and/or size?	Y N U D
Squint often?	Y N U D
Have the ability to look far away?	Y N U D
Have the ability to look closely?	Y N U D

Taste and Smell – Does your child:

Act like all food is the same?	Y N U D
Explore with taste?	Y N U D
Chew on non-food items?	Y N U D
Have any feeding problems?	Y N U D
Have trouble changing food textures?	Y N U D
Seem hypersensitive to smells?	Y N U D
Taste or smell toys, clothes or foods more than usual?	Y N U D

Auditory (sound)– Does/is your child:

Have a hearing loss?	Y N U D
Have PE tubes?	Y N U D
Have a lot of ear infections?	Y N U D
Hypersensitive to sounds?	Y N U D
Fear unexpected noises or unusual sounds?	Y N U D
Distracted by sound?	Y N U D
Miss sounds or words?	Y N U D
Have trouble listening?	Y N U D
Have trouble locating sound?	Y N U D
Hum or make odd noises?	Y N U D
Sing/dance to music?	Y N U D
Have trouble imitating rhythmic sounds?	Y N U D
Have trouble understanding or following directions?	Y N U D
Unable to follow 2 to 3 directions?	Y N U D
Talk or make noises excessively?	Y N U D
Talking interferes with listening?	Y N U D
Have delayed speech development?	Y N U D

Muscle Tone – Does your child:

Feel heavier than he/she looks?	Y N U D
Have good endurance?	Y N U D
Have muscle problems?	Y N U D
Have flat feet?	Y N U D
Slump when sitting?	Y N U D
Get tired easily?	Y N U D
Seem weak?	Y N U D
Keep mouth open?	Y N U D

Coordination – Did/does your child:

Sit, stand or walk late?	Y N U D
Sit, stand or walk early?	Y N U D
Have a short creeping or crawling phase (or none at all)?	Y N U D
Have a very long creeping or crawling phase?	Y N U D
Creep on tummy or bottom?	Y N U D
Have slow, plodding, deliberate movements?	Y N U D
Play with toys appropriately for his/her age?	Y N U D
Play clumsily with toys?	Y N U D
Have trouble dressing, buttoning, zipping and/or tying shoes?	Y N U D
Have trouble holding a pencil correctly?	Y N U D
Trip or fall a lot?	Y N U D
Seem awkward?	Y N U D
Bump into things?	Y N U D
Which hand is dominant?	R L
Have poor handwriting?	Y N U D
Handle small things easily?	Y N U D
Eat neatly for his/her age?	Y N U D
Have rigid movements?	Y N U D
Grimace or use tongue when performing fine motor tasks?	Y N U D
Seem shaky?	Y N U D
Like sports, PE, etc.?	Y N U D

Behavior/Temperament – Is/was your child:

An irritable baby?	Y N U D
Quiet, calm, patient?	Y N U D
Active, outgoing?	Y N U D
Intense, anxious?	Y N U D
Explosive, aggressive?	Y N U D
Easy going, predictable?	Y N U D
Clingy?	Y N U D
Rigid, set in ways?	Y N U D
Adaptable/flexible?	Y N U D
Distractible?	Y N U D
Moody?	Y N U D
Frustrated frequently?	Y N U D
Difficult to get to sleep?	Y N U D
Destructive with toys?	Y N U D

Did/does your child:

Have a high activity level?	Y N U D
Have a low activity level?	Y N U D
Have erratic sleep patterns?	Y N U D
Wet the bed? How often:	Y N U D
Wake frequently?	Y N U D
Have night terrors and/or nightmares?	Y N U D
Play well alone?	Y N U D
Have a short attention span?	Y N U D
Find it hard to make choices?	Y N U D
Dislike schedule changes or surprises?	Y N U D
Demonstrate self-stimulation behaviors?	Y N U D
Have frequent tantrums?	Y N U D
Have difficulty with change?	Y N U D
Act out?	Y N U D
Make friends easily?	Y N U D
Prefer older children?	Y N U D
Prefer adults?	Y N U D
Prefer being alone?	Y N U D
Have low self-esteem?	Y N U D
Seem discouraged or depressed?	Y N U D

Learning Styles – Does your child:

Recognize own errors?	Y N U D
Learn from mistakes?	Y N U D
Acquire materials for tasks independently?	Y N U D
Set up his/her own workspace?	Y N U D
Maintain his/her workspace?	Y N U D
Work independently?	Y N U D
Generalize known skills to new ones?	Y N U D
Have age-appropriate memory?	Y N U D
Ask for help when necessary?	Y N U D
Plan ahead?	Y N U D
Create new ideas and/or new ways of doing things?	Y N U D
Use age-appropriate content in written language?	Y N U D
Get work done on time?	Y N U D
Perform at or above an average reading level?	Y N U D
Perform at or above an average math level?	Y N U D

Adapted from "Sensorimotor History" form by Patti Oetter MA, OTR 9/86 (which was adapted from A. J. Ayres, PhD; Patricia Wilbarger MED, OTR; Montgomery/Richter, 1977; B. Knickerbocker, OTR; Jo Murphy Hyland, OTR)