



Making Outcomes Visible Everyday

1. Please enter your information.

First Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Female  Male  
Marital Status:  Single  Married  Domestic Partner  
 Separated  Divorced  Widowed

Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred contact method:  
 Mobile Phone  Home Phone  Work Phone  
 Email

2. Please rate the following statement about your child as follows:

0 = Never    1 = Occasionally    2 = Frequently    3 = Always

### 3. Fine Motor:

|  | Never | Occasionally | Frequently | Always |
|--|-------|--------------|------------|--------|
| Completes a 3-piece puzzle                                 | 0     | 1            | 2          | 3      |
| Stacks 8-10 blocks   | 0     | 1            | 2          | 3      |
| Strings 5 beads  | 0     | 1            | 2          | 3      |
| Cuts with scissors on line                                 | 0     | 1            | 2          | 3      |
| Scribbles with crayon                                      | 0     | 1            | 2          | 3      |
| Imitates writing vertical line, horizontal line and circle | 0     | 1            | 2          | 3      |
| Holds pencil with thumb and fingers                        | 0     | 1            | 2          | 3      |
| Copies a cross   | 0     | 1            | 2          | 3      |
| Copies simple word   | 0     | 1            | 2          | 3      |
| Copies first name  | 0     | 1            | 2          | 3      |
| Writes first name  | 0     | 1            | 2          | 3      |
| Writes last name   | 0     | 1            | 2          | 3      |

### 4. Gross Motor:

|                                       | Never | Occasionally | Frequently | Always |
|---------------------------------------|-------|--------------|------------|--------|
| Sits unsupported                      | 0     | 1            | 2          | 3      |
| Able to crawl                         | 0     | 1            | 2          | 3      |
| Walks 3+ steps                        | 0     | 1            | 2          | 3      |
| Jumps in place                        | 0     | 1            | 2          | 3      |
| Pedals a trike                        | 0     | 1            | 2          | 3      |
| Hops on 1 foot                        | 0     | 1            | 2          | 3      |
| Climbs ladder on playground equipment | 0     | 1            | 2          | 3      |
| Catches a bounced ball                | 0     | 1            | 2          | 3      |
| Able to skip                          | 0     | 1            | 2          | 3      |
| Able to jump rope                     | 0     | 1            | 2          | 3      |
| Able to run                           | 0     | 1            | 2          | 3      |

## 5. Self-Care:

|                                 | Never | Occasionally | Frequently | Always |
|---------------------------------|-------|--------------|------------|--------|
| Finger feeds                    | 0     | 1            | 2          | 3      |
| Drinks from a cup               | 0     | 1            | 2          | 3      |
| Feeds self with spoon           | 0     | 1            | 2          | 3      |
| Feeds self with fork            | 0     | 1            | 2          | 3      |
| Wipes nose                      | 0     | 1            | 2          | 3      |
| Brushes teeth independently     | 0     | 1            | 2          | 3      |
| Washes/dries hands              | 0     | 1            | 2          | 3      |
| Blows nose                      | 0     | 1            | 2          | 3      |
| Combs/brushes hair              | 0     | 1            | 2          | 3      |
| Bathes/showers with supervision | 0     | 1            | 2          | 3      |
| Takes off socks                 | 0     | 1            | 2          | 3      |
| Puts on shoes/socks             | 0     | 1            | 2          | 3      |
| Undresses completely            | 0     | 1            | 2          | 3      |
| Dresses completely              | 0     | 1            | 2          | 3      |
| Ties shoes                      | 0     | 1            | 2          | 3      |
| Uses toilet when taken          | 0     | 1            | 2          | 3      |
| Uses toilet alone               | 0     | 1            | 2          | 3      |
| Independent with toilet hygiene | 0     | 1            | 2          | 3      |

## 6. Sensory:

|  | Never | Occasionally | Frequently | Always |
|--|-------|--------------|------------|--------|
| Enjoys playing with a variety of textures                                | 0     | 1            | 2          | 3      |
| Moves in/out various positions   | 0     | 1            | 2          | 3      |
| Eats variety of foods  | 0     | 1            | 2          | 3      |
| Enjoys swinging on playground  | 0     | 1            | 2          | 3      |
| Seeks new ways to move/play  | 0     | 1            | 2          | 3      |
| Able to tolerate new varied textures of clothing                         | 0     | 1            | 2          | 3      |
| Maintains eye contact with others  | 0     | 1            | 2          | 3      |
| Able to throw/catch ball without losing balance                          | 0     | 1            | 2          | 3      |
| Has established sleep schedule   | 0     | 1            | 2          | 3      |
| Not startled by everyday sounds  | 0     | 1            | 2          | 3      |
| Able to participate in messy activities resulting in getting hands dirty | 0     | 1            | 2          | 3      |
| Able to adapt to changes in routine                                      | 0     | 1            | 2          | 3      |
| Cries/notices when gets hurt   | 0     | 1            | 2          | 3      |
| Does NOT chew on non-food items  | 0     | 1            | 2          | 3      |
| Uses appropriate force when playing with objects, peers, pets            | 0     | 1            | 2          | 3      |
| Able to play with 1 toy 15 minutes                                       | 0     | 1            | 2          | 3      |
| Completes a 2-3 step task  | 0     | 1            | 2          | 3      |
| Able to pay attention and not be easily distracted                       | 0     | 1            | 2          | 3      |
| Can start and finish a task in a reasonable time                         | 0     | 1            | 2          | 3      |
| Enjoys fun, loud environments (birthday party, basketball game)          | 0     | 1            | 2          | 3      |
| Uses strategies to remain calm when experiencing stress                  | 0     | 1            | 2          | 3      |

## 7. Social-Emotional:

|  | Never | Occasionally | Frequently | Always |
|--|-------|--------------|------------|--------|
| Gives toy to adult upon request                      | 0     | 1            | 2          | 3      |
| Tells full name                                      | 0     | 1            | 2          | 3      |
| Expresses displeasure verbally instead of physically | 0     | 1            | 2          | 3      |
| Takes turns  | 0     | 1            | 2          | 3      |
| Plays with other children                            | 0     | 1            | 2          | 3      |
| Participates in dramatic play                        | 0     | 1            | 2          | 3      |
| Names 2 emotions                                     | 0     | 1            | 2          | 3      |
| Works well in small groups                           | 0     | 1            | 2          | 3      |

## 8. Primitive Reflexes: MORO-

|  | Never | Occasionally | Frequently | Always |
|--|-------|--------------|------------|--------|
| Uses arms to protect fall                    | 0     | 1            | 2          | 3      |
| Demonstrates self-organization and awareness | 0     | 1            | 2          | 3      |
| Able to focus in learning environment        | 0     | 1            | 2          | 3      |
| Tolerates swings, climbs well                | 0     | 1            | 2          | 3      |

## 9. Primitive Reflexes: ATNR-

|                                  | Never | Occasionally | Frequently | Always |
|----------------------------------|-------|--------------|------------|--------|
| Throws and catches well          | 0     | 1            | 2          | 3      |
| Good attention, memory and focus | 0     | 1            | 2          | 3      |
| Demonstrates good coordination   | 0     | 1            | 2          | 3      |
| Tolerates loud noises            | 0     | 1            | 2          | 3      |

## 10. Primitive Reflexes: Spinal Galant-

|                                    | Never | Occasionally | Frequently | Always |
|------------------------------------|-------|--------------|------------|--------|
| Tolerates touch/tactile input well | 0     | 1            | 2          | 3      |
| Remains dry at night               | 0     | 1            | 2          | 3      |
| Can sit still without fidgeting    | 0     | 1            | 2          | 3      |
| Able to follow 2-3 step directions | 0     | 1            | 2          | 3      |

### 11. Primitive Reflexes: STNR-

|                                    | Never | Occasionally | Frequently | Always |
|------------------------------------|-------|--------------|------------|--------|
| Demonstrates normal vision         | 0     | 1            | 2          | 3      |
| Is NOT impulsive                   | 0     | 1            | 2          | 3      |
| Displays appropriate social skills | 0     | 1            | 2          | 3      |
| Able to make choices               | 0     | 1            | 2          | 3      |

### 12. Spinal Perez-

|  | Never | Occasionally | Frequently | Always |
|--|-------|--------------|------------|--------|
| Crawled by 8 months                        | 0     | 1            | 2          | 3      |
| Walked independently by 14 months          | 0     | 1            | 2          | 3      |
| Able to perform superman position on belly | 0     | 1            | 2          | 3      |
| Is NOT sensitive to touch or loud sounds   | 0     | 1            | 2          | 3      |