



**SCHOOL AGE QUESTIONNAIRE**

**CHILD'S NAME:**

**DATE:**

**DOB:**

**AGE:**

**DIAGNOSIS (IF ANY):**

**REASON FOR REFERRAL:**

**DEVELOPMENTAL HISTORY:**

**Prenatal/birth complications:**

**As closely as you can recall, comment briefly concerning your child's development in the following areas:**

**Sucking pattern:**

**Early eating habits (e.g. transition to solids):**

**Speech:**

**Creeping-hands and knees:**

**Walking:**

**Sleeping pattern:**

**Present eating skills (e.g. oral motor function/awareness):**

**What are your child's favorite games & toys?**

**Does your child enjoy participation in sports; if so which sports?**

**How many hours per day does your child watch TV/play video games?**

**Present Grade at School:**

**Dominant Hand:**

**Academic Difficulties:**

- |                                   |                                       |   |  |
|-----------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Reading  | <input type="checkbox"/> Distractible | <input type="checkbox"/> Slow writer      | <input type="checkbox"/> Following directions    |
| <input type="checkbox"/> Math     | <input type="checkbox"/> Restless     | <input type="checkbox"/> Poorly organized | <input type="checkbox"/> Remembering information |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Hyperactive  | <input type="checkbox"/> Finishing tasks  | <input type="checkbox"/> Short attention span    |

**Academic Strengths/Preferences:**

**CHECK THE BOX THAT BEST DESCRIBES FREQUENCY OF THE FOLLOWING BEHAVIORS:  
UNDERLINE SPECIFIC PROBLEMS STAR (\*) PROMINENT DIFFICULTIES.**

Does the child exhibit the following behaviors?	Fre- quently	Some- times	Never	Comments
<b>GROSS MOTOR SKILLS</b>				
1. Seems weaker or tires more easily than other children his or her age.				
2. Difficulty with hopping, jumping, skipping, or running compared to others his or her age.				
3. Appears stiff and awkward in movements.				
4. Clumsy or seems not to know how to move body; bumps into things.				
5. Tendency to confuse right and left sides of the body.				
6. Hesitates to climb or play on playground equipment.				
7. Reluctant to participate in sports or physical activity; prefers table activities.				
8. Seems to have difficulty learning new motor tasks (frustrates easily or avoids).				
9. Difficulty pumping self on swing; poor skills in rhythmic or clapping games, jumping jacks, etc.				
<b>FINE MOTOR SKILLS</b>				
1. Poor desk posture (slumps, leans on arm, head too close to work, non-dominant hand does not assist).				
2. Difficulty drawing, coloring, copying, or cutting; avoidance of these activities.				
3. Poor pencil grasp; drops pencil frequently.				
4. Pencil lines are light, wobbly, too faint or too dark; breaks pencil more often than usual.				
5. Tight pencil grasp; fatigues quickly in writing or other pencil and paper tasks.				
6. Hand dominance not well established (after age six).				
7. Difficulty in dressing (e.g. getting clothing off or on, buttons, zippers, tying bows on shoes).				
8. Difficulty manipulating small objects (Legos, beads, coins).				

Does the child exhibit the following behaviors?	Fre- quently	Some- times	Never	Comments
<b>TOUCH</b>				
1. Seems overly sensitive to being touched; pulls away from light touch.				
2. Avoids putting hands in messy substances (clay, finger paint, paste).				
3. Has trouble or becomes anxious or distracted in busy or group situations (e.g. cafeteria, circle time).				
4. Has trouble keeping hands to self, will poke or push other children.				
5. Touches things constantly; "learns" through his/her fingers.				
6. Seem to be unaware of being touched or bumped.				
7. Seems to lack awareness needed for grooming and hygiene.(eg. clothing twisted without noticing, messy eating).				
<b>MOVEMENT &amp; BALANCE</b>				
1. Fearful of moving through space (e.g. on teeter-totter, swing, etc.).				
2. Avoids activities that challenge balance; has poor balance in motor activities.				
3. Difficulty or hesitation while learning to climb or descend stairs.				
4. Seems to fall frequently.				
5. Gets nauseated or vomits from some movement experiences (e.g. swinging, spinning, rotation, car rides).				
6. Appears to be in constant motion; unable to sit still for an activity.				
7. Seeks out or needs frequent opportunities to move (e.g. swinging, spinning, bouncing, and jumping).				
<b>VISUAL PERCEPTION</b>				
1. Difficulty naming or matching colors, shapes, or sizes.				
2. Difficulty in completing puzzles; uses trial and error placement of pieces.				
3. Reversals in words or letters after first grade.				

Does the child exhibit the following behaviors?	Fre- quently	Some- times	Never	Comments
<b>VISUAL PERCEPTION (CONT)</b>				
4. Difficulty coordinating eyes for following a moving object, keeping place in reading, or copying from blackboard to desk.				
<b>AUDITORY LANGUAGE</b>				
1. Appears overly sensitive to loud noises (e.g. bells, toilet flush).				
2. Is hard to understand when he or she speaks.				
3. Appears to have difficulty in understanding or paying attention to what is said.				
4. Easily distracted by sounds; seems to hear sounds that go unnoticed by others (e.g. air conditioner, refrigerator).				
5. Has trouble following 2-3 step commands.				
<b>EMOTIONAL</b>				
1. Does not easily accept changes in routine.				
2. Becomes easily frustrated.				
3. Has difficulty getting along with other children.				
4. Apt to be impulsive, unaware of danger, or accident-prone.				
5. Has difficulty participating in a group.				
6. Marked mood variations; tendency to outbursts or tantrums.				
7. Tends to withdraw from groups or plays on the outskirts.				
8. Has trouble making needs known in an appropriate manner.				
9. Avoids eye contact.				
10. Resists directions given by an adult.				
11. Does any of the following: thumb/ finger sucking, head banging, rocking, breath holding.				

Describe your child's strengths:

Describe your child's weaknesses:

Other comments:

---

Parent Signature

Adapted from OTA Watertown

---

Date