



DESCRIBE YOUR CHILD:

My child is:	YES/NO (circle)	COMMENTS (examples)
1. mostly quiet	YES NO	
2. is overly active	YES NO	
3. tires easily	YES NO	
4. talks constantly	YES NO	
5. impulsive	YES NO	
6. restless	YES NO	
7. stubborn	YES NO	
8. resistant to changes	YES NO	
9. over reacts	YES NO	
10. fight frequently	YES NO	
11. is usually happy	YES NO	
12. has frequent temper tantrums	YES NO	
13. is clumsy	YES NO	
14. has difficulty separating from caregiver	YES NO	
15. has nervous habits or tics	YES NO	
16. has poor attention span	YES NO	
17. is frustrated easily	YES NO	
18. has unusual fears	YES NO	
19. rocks self frequently	YES NO	
20. exhibits difficult learning new tasks	YES NO	
21. avoids touch	YES NO	
22. craves touch, seeks it out	YES NO	
23. shy, compliant	YES NO	

***Submitting this information at least 2 days prior to the initial appointment will provide the therapist opportunity to review the information in order to perform a more thorough evaluation.**