

Developmental History for Occupational Therapy

*Alexian Pediatric Specialty Group
Developmental and Behavioral Pediatrics*

Date:	_____		
Child's Name:	_____		
Birth Date	_____	M_____ F_____	Age _____

Your answers to the following questions will be very helpful as they enable us to better understand your concerns about your child's development and how his or her problems may be affecting his or her life now. Please feel free to add any remarks that will help to clarify your answers.

Developmental History

	Yes	No	Sometimes	Remarks
1. When your child was an infant:				
a. Was it difficult to engage your baby in peek-a-boo, pat-a-cake, or other interactive games?				
b. Did your baby seem to play poorly with toys or other objects (busy box, pots & pans, etc.)?				
c. Was your baby more fussy or irritable than most babies?				
d. Did your baby seem to dislike being held (stiffen or cry when picked up)?				
e. Did your baby seem more floppy than other babies?				
f. Was it hard to get your baby to go to sleep or did your baby seem to sleep less than other babies?				
g. Did your baby have trouble sucking?				
h. Did your baby dislike food or certain textures?				
i. Did your baby seem to dislike playing while lying on his or her stomach (e.g., did he or she prefer an infant seat, walker, or swing to being on the floor or in a playpen)?				

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	Yes	No	Sometimes	Remarks
2. Now, compared to other children your child's age, does your child seem to:				
a. Be overly active?				
b. Be not active enough?				
c. Frequently, and seemingly unknowingly, put himself or herself in potentially dangerous situations?				
d. Be too cautious or fearful?				
e. Hit or fight more often than other children?				
f. Be easily distracted or have difficulty paying attention?				
g. Have trouble looking at objects with which he or she is playing?				
h. Have excessive difficulty finding one particular object from among others (e.g., matching socks, finding a toy on a shelf, finding paper in a desk)?				
i. Have excessive difficulty learning new skills (e.g., writing, catching a ball, riding a bike)?				

Sensory Processing

AUDITORY	Yes	No	Sometimes	Remarks
1. Compared to other children the same age, does your child seem to:				
a. Overreact to unexpected or loud noises?				
b. Underreact to loud noise?				
c. Seem to really like loud noises?				
d. Have difficulty paying attention when there are other noises nearby?				
e. Take excessive time to respond when spoken to?				
f. Need frequent repetition of instructions?				

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OLFACTORY	Yes	No	Sometimes	Remarks
2. Compared to other children the same age, does your child seem to:				
a. Overreact to certain smells?				
b. Underreact to smells that others find noxious?				
VISUAL	Yes	No	Sometimes	Remarks
3. Compared to other children the same age, does your child seem to:				
a. Over rely on vision (e.g., resist having his or her eyes covered)?				
b. Notice little things others don't see?				
c. Be easily distracted by visual stimuli?				
TACTILE	Yes	No	Sometimes	Remarks
4. Compared to other children the same age, does your child seem to:				
a. Avoid playing with "messy" things (e.g., finger paint, paste, mud, sand)?				
b. REALLY dislike having his or her face washed or wiped?				
c. Be irritated by clothing of certain textures?				
d. Dislike foods of certain textures?				
e. Object to being touched if he or she does not initiate the touching (particularly if the touch is unexpected)?				
f. Pinch, bite, or otherwise hurt himself or herself on purpose?				
g. Isolate himself or herself from other children, preferring to play alone?				
h. Frequently hit or push other children?				
i. Have an unusually high tolerance for pain?				
j. Overreact to minor injuries or touch?				

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k. Dislike having his or her hair combed, brushed, or styled?				
VESTIBULAR - PROPRIOCEPTIVE	Yes	No	Sometimes	Remarks
5. Compared to other children the same age, does your child seem to:				
a. Dislike or fear roughhousing or being tossed in the air by adults?				
b. Have poor balance?				
c. Be excessively fearful of things that move fast (e.g., playground equipment, carnival rides)?				
d. Get car sick during short trips?				
e. Ride longer or harder on certain playground equipment (e.g., swing, merry-go-round)				
f. REALLY enjoy activities that involve jumping, crashing into things, and falling?				

Motor, Social, and School Skills

MOTOR SKILL	Yes	No	Sometimes	Remarks
1. Compared to other children of the same age and sex, does your child seem to have difficulty:				
a. Manipulating small objects (e.g., buttons, knobs on toys)?				
b. Using pencils, crayons, scissors, paintbrushes?				
c. Catching a ball?				
d. Throwing a ball?				
e. Riding a tricycle (if over age 6)?				
f. Riding a bicycle (if over age 6)?				
g. Pumping self on the swing?				
h. Kicking a ball?				

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2. Compared to other children of the same age and sex, does your child more often seem to:				
a. Prefer sedentary activities (e.g., watching TV)?				
b. Prefer fine motor activities (e.g., coloring, building with blocks)?				
c. Trip over or bump into things?				
SOCIAL ADJUSTMENT	Yes	No	Sometimes	Remarks
1. Compared to other children of the same age, does your child:				
a. Find it hard to make friends among his peers?				
b. Prefer the company of adults to that of peers?				
c. Prefer to play with younger children rather than peers?				
d. Prefer to play alone?				
e. Frequently get discouraged easily, or express feelings of failure or frustration?				
f. Seem to have less fun when playing?				
g. Frequently express feelings of anger or frustration by hitting or kicking rather than with words?				
h. Frequently throw temper tantrums?				

SCHOOL PERFORMANCE	Yes	No	Sometimes	Remarks
1. Compared to other children of the same age, does your child:				
a. Have poor handwriting?				
b. Make reversals of letters or numbers when writing or copying (if older than age 7)?				
c. Perform the same task with either hand (e.g., writing, eating)?				
d. Seem to tire quickly, have poor posture, or need to prop his or her head while reading or sitting at a desk?				

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e. Find gym class or sports to be a particularly difficult or frustrating experience?				
f. Tend to clutter work areas excessively?				
g. Have excessive difficulty switching from active to quiet activities (e.g., playground to seatwork)?				

Related Information

1. Has your child ever had an IQ test?	Yes _____ No _____	
If yes, what test?		
What were the results? (Test domain, if applicable, refers to verbal, performance, full scale scores on the WISC-R test; simultaneous, sequential scores on the K-ABC test, etc.)	Test Domain	Score
2. Has your child been identified as having learning disabilities?	Yes _____ No _____	
If yes, what type?		

Your Thoughts

1. Are there any ways in which you would like to be able to interact differently with your child?	Yes _____ No _____	
If yes, what are they?		
2. What do you consider to be the two or three most important issues associated with your child's problem?		
3. Is there anything else you feel we should know about your child?		