



Developmental Therapy Associates
& Absolute Speech and Language Therapy

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Child's name

Date of Birth

Why are you seeking therapy?

What are your child's strengths?

What are your child's favorite games, toys, and things to do?

Is there anything your child really does not like to do?

Does your child have a consistent daily schedule? Yes No

General Behaviors

Transitions between different tasks
(eg from one toy to another) What helps?

Transitions to a task they do not like. What helps?

Pays attention for 5 minutes What helps?

Tolerate changes in routine What helps?

Answers Questions

Moods shift quickly

Impulsive

Does your child harm themselves
(pinch, bite, hit, etc)

Does your child harm others
(pinch, bite, hit, etc)

Any additional information
you would like your child's
therapist to know.

Gross Motor Skills

Walk

Runs

Climbs playground equipment: Simple Playgrounds:

Complicated Playgrounds:

Pump a swing:

Use stairs to go up and down:

Ride a bike: With training wheels:

Jumping Jacks:

Without training wheels:

Jump with both feet:

Throw a ball:

Hop on one foot:

Catch a ball:

Fine Motor:

Scribbling

Writing

Drawing (simple pictures,
like a person)

Stacks blocks

Draws simple shapes
(circle, square, triangle)

Shapes Play Doh

Simple puzzles

Shoelaces

Buttons

Zippers

Cuts with scissors

Complains about eyes
(i.e. fatigue, tired, rubs eyes)

Reverses letters

Leaves out letters

Writes neatly (on the line,
appropriate sizing and placement)

Cognitive Skills

Can plan ahead	Makes choices easily
Needs frequent reminders to do things	Can figure out ways to solve a problem

Remembers names

Sensory Processing

Has frequent tantrums	If so, how long do tantrums last?
	How often do tantrums occur?

What helps calm when upset?

Difficulties remaining seated during
tasks/activities (school work, dinner, etc)

Tolerates loud noises/sounds (vacuum,
AC, blender, sirens, etc)

Enjoys messy play (sand, shaving
cream, water, etc)

Likes being touched or hugged

Mouths objects frequently

Has self calming strategies (stuffed
toy, goes to a quiet space, music, etc)

School Performance

Follows teacher directions	Physical altercations with others at school
Eats food at school (lunch, snack, etc)	Overstimulated in classroom
Easily distracted	Completes work on time
Organizes materials	Copies from board/book

Do you feel your child struggles more at school or home?

Social Skills and Play

Makes friends	Leader or Follower
Shares	Takes turns
Able to join others in play	Uses please/thank you
Knows how to play with new or unfamiliar toys	Participates in group activities

ADLS

Dress upper body	Dress lower body
Toileting (including management of clothing, wiping)	Wash/Dry hands
Toilet trained	Brush teeth
Daytime	
Nighttime	Bathing
Feeds self:	Fork
Spoon	
Cup with straw	
Cup without straw	
Finger foods	
Picky eater	

IADLS

Does chores	What chores?
Get a snack	
Clean room	
Makes simple meals/food	

Any significant changes in
family of daily life? Yes No

If Yes, how has this impacted your child?