



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 Daytime
Nighttime

Brush teeth

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?