



A Division of Rehab Resources, Inc.

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.**