

	Unable	Capable		Unable	Capable
Pullover / Front-Opening Garments			Toileting Tasks		
39. Assists, such as pushing arms through shirt	U	C	59. Assists with clothing management	U	C
40. Removes t-shirt, dress, sweater (pullover garment without fasteners)	U	C	60. Tries to wipe self after toileting	U	C
41. Puts on t-shirt, dress or sweater	U	C	61. Manages toilet seat, gets toilet paper, flushes toilet	U	C
42. Puts on and removes front-opening shirt, not including fasteners	U	C	62. Manages clothes before and after toileting	U	C
43. Puts on and removes front-opening shirt, including fasteners	U	C	63. Wipes self thoroughly after bowel movements	U	C
Fasteners			Management of Bladder		
44. Tries to assist with fasteners	U	C	64. Indicates when wet in diapers or training pants	U	C
45. Zips and unzips, doesn't separate or hook zipper	U	C	65. Occasionally indicates need to urinate (daytime)	U	C
46. Snaps and unsnaps	U	C	66. Consistently indicates need to urinate with time to get to toilet (daytime)	U	C
47. Buttons and unbuttons	U	C	67. Takes self into bathroom to urinate (daytime)	U	C
48. Zips and unzips, separates and hooks zipper	U	C	68. Consistently stays dry day and night	U	C
Pants			Management of Bowel		
49. Assists, such as pushing legs through pants	U	C	69. Indicates need to be changed	U	C
50. Removes pants with elastic waist	U	C	70. Occasionally indicates need to use toilet (daytime)	U	C
51. Puts on pants with elastic waist	U	C	71. Consistently indicates need to use toilet with time to get to toilet (daytime)	U	C
52. Removes pants, including unfastening	U	C	72. Distinguishes between need for urination and bowel movements	U	C
53. Puts on pants, including fastening	U	C	73. Takes self into bathroom for bowel movements, has no bowel accidents	U	C
Shoes / Socks					
54. Removes socks and unfastened shoes	U	C			
55. Puts on unfastened shoes	U	C			
56. Puts on socks	U	C			
57. Puts shoes on correct feet, manages Velcro fasteners	U	C			
58. Ties shoelaces	U	C			

Comments with regards to self-care skills: _____

SENSORY PROCESSING:

Please check the box that **BEST** describes the frequency with which your child does the following behaviors. Please answer all of the statements. Complete the "Comments" section after the questions if needed.

- **ALWAYS** = when presented with the opportunity, your child always responds in this manner, 100% of the time
- **FREQUENTLY** = when presented with the opportunity, your child frequently responds in this manner, about 75% of the time
- **OCCASIONALLY** = when presented with the opportunity, your child occasionally responds in this manner, about 50% of the time
- **SELDOM** = when presented with the opportunity, your child seldom responds in this manner, about 25% of the time
- **NEVER** = when presented with the opportunity, your child never responds in this manner, 0% of the time

	Always	Frequently	Occasionally	Seldom	Never
Tactile Sensitivity					
1. Expresses distress during grooming (for example, fights or cries during haircutting, face washing, fingernail cutting)					
2. Prefers long-sleeved clothing when it is warm or short sleeves when it is cold					
3. Avoids going barefoot, especially in sand or grass					
4. Reacts emotionally or aggressively to touch					
5. Withdraws from splashing water					
6. Has difficulty standing in line or close to other people					
7. Rubs or scratches out a spot that has been touched					
Taste / Smell Sensitivity					
8. Avoids certain tastes or foods smells that are typically part of children's diets					
9. Will only eat certain tastes (list: _____)					
10. Limits self to particular food textures/temperatures (list: _____)					
11. Selective eater, especially regarding food textures					
Movement Sensitivity					
12. Becomes anxious or distressed when feet leave the ground					
13. Fears falling or heights					
14. Dislikes activities where head is upside down (for example, somersaults, roughhousing)					
Under-Responsive / Seeks Sensation					
15. Enjoys strange noises/seeks to make noise for noise's sake					
16. Seeks all kinds of movement and this interferes with daily routines (for example, can't sit still, fidgets)					
17. Becomes overly excitable during movement activity					
18. Touches people and objects					
19. Doesn't seem to notice when face or hands are messy					
20. Jumps from one activity to another so that it interferes with play					
21. Leaves clothing twisted on body					

	Always	Frequently	Occasionally	Seldom	Never
Auditory Filtering					
22. Is distracted or has trouble functioning if there is a lot of noise around					
23. Appears to not hear what you say (for example, does not "tune in" to what you say, appears to ignore you)					
24. Can't work with background noise (for example, fan, refrigerator)					
25. Has trouble completing tasks when radio/TV is on					
26. Doesn't respond when name is called but you know the child's hearing is OK					
27. Has difficulty paying attention					
Low Energy / Weak					
28. Seems to have weak muscles					
29. Tires easily, especially when standing or holding particular body position					
30. Has a weak grasp					
31. Can't lift heavy objects (for example, weak in comparison to same age children)					
32. Props to support self (even during activity)					
33. Poor endurance / tires easily					
Visual / Auditory Sensitivity					
34. Responds negatively to unexpected or loud noises (for example, cries or hides at noise from vacuum cleaner, dog barking, hair dryer)					
35. Holds hands over ears to protect ears from sound					
36. Is bothered by bright lights after others have adapted to the light					
37. Watches everyone when they move around the room					
38. Covers eyes or squints to protect eyes from light					

Comments with regards to sensory processing: _____
