 Paula Lynam

 Developmental, Family & Educational Support

 Assisting in the healthy development of children, thei families and schools through movement, sensory integration, play, and therapeutic arts.

**PLEASE FILL THIS OUT AND RETURN TO ME, INCLUDING PAYMENT, PRIOR TO THE ASSESSMENT – Thank you.**

**ASSESSMENT INTAKE FORM**

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| --- |
| **NAME: DATE:**  |
| **BIRTHDATE/AGE: SCHOOL:** |
| **NAME OF PERSON COMPLETING FORM:**  |
| **PHONE:****E-MAIL:** **ADDRESS:**  |
| **APT. DATE/TIME:** |
| **FOLLOW-UP APT. DATE/TIME:** |

|  |
| --- |
| **CLOTHING** |
| 1. Appears bothered by clothing in general
 |
| 1. Is bothered by tags in shirts**.**
 |
| 1. Is bothered by seams in socks.
 |
| 1. Is bothered by stiff fabrics.
 |
| 1. Wears long sleeves and does not remove jacket.
 |
| 1. Refuses to wear synthetics.
 |
|  7. Other: |
|  |
| **HUMAN TOUCH/CONTACT** |
|  1. Is bothered by light touch. |
|  2. Seeks deep touch/compression. |
|  3. Is ticklish. |
|  4. Hits, pushes, kicks others. |
|  5. Has difficulty stopping rough housing. |
|  6. Needs to sit on, snuggle up to other. |
|  7. Complains about pain (falls, cuts, etc.) |
|  8. Sustains eye contact. |
|  9. Is aware of nonverbal communication. |
|  10. Other: |
|  |
| **GROOMING** |
| 1. Appears uncomfortable in water.
 |
| 1. Gets upset when needs to leave water.
 |
| 1. Gets hysterical when washing hair.
 |
| 1. Is extremely bothered by wet clothes.
 |
| 1. Seems uncomfortable when dirty, sandy, etc.
 |
| 1. Appears not to notice food on face.
 |
| 1. Complains about face washing.
 |
| 1. Complains about hair combing/brushing, haircuts.
 |
| 1. Complains about nail cutting.
 |
| 1. Complains about tooth-brushing.
 |
|  11, Other. |
|  |
| **FOODS** |
| 1. Is a fussy eater in general.
 |
| 1. Dislikes chewy foods.
 |
| 1. Dislikes foods or juices due to texture.
 |
| 1. Dislikes mixtures of textures in foods.
 |
| 1. Dislikes most vegetables.
 |
| 1. Eats sweets – how often?
 |
| 1. Craves salt.
 |
| 1. Eats a lot of mayo., margarine, fried foods.
 |
| 1. Drinks cola, coffee, regular tea – how often?
 |
| 1. Eats chocolate.
 |
| 1. How much dairy?
 |
| 1. Drinks at least 4 cup water daily.
 |
| 1. List supplements taking currently.
 |
|  |
| 1. Has food allergies.
 |
| 1. Eats meat, fish, eggs, poultry.
 |
| 1. Other:
 |
|  |
| **SOUNDS** |
| 1. Is bothered by sound in general.
 |
| 1. Hums or makes white noise when concentrating.
 |
| 1. Is bothered by high pitched, unexpected or loud sounds.
 |
| 1. Tunes out conversation or directions.
 |
| 1. Speaks in loud voice.
 |
| 1. Other:
 |
|  |
| **ODORS** |
| 1. Is bothered by strong odors.
 |
| 1. Generally brings food to nose to smell before tasting.
 |
| 1. Smells most objects.
 |
| 1. Smells people’s hair and clothes.
 |
| 1. Is bothered by food cooking or cafeteria smells.
 |
| 1. Appears insensitive to odor in general.
 |
| 1. Has stuffed nose; is a mouth breather.
 |
| 1. Other:
 |
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| **MOTION** |
| 1. Suffers from motion sickness in general.
 |
| 1. Falls asleep in moving vehicle.
 |
| 1. Enjoys merry-go-rounds/swings.
 |
| 1. Wants to continue swinging, spinning.
 |
| 1. Engages in a lot of bumping.
 |
| 1. Avoids most movement.
 |
| 1. Runs rather than walks.
 |
| 1. Bumps into things/people in path.
 |
| 1. Tips/tilts head much of the time.
 |
|  10. Exhibits balance problems. |
|  11. Engages in head banging, hand flapping etc. |
|  12. Frequently walks on toes. |
|  13. Other. |
|  |
| **SLEEP** |
| 1. Requires being rocked to sleep.
 |
| 1. Upon awakening has difficulty walking, eating.
 |
| 1. Has trouble falling asleep in general.
 |
| 1. Has trouble sleeping with background noise.
 |
| 1. Has trouble sleeping with lights on.
 |
| 1. Needs music/tapes to fall asleep.
 |
| 1. Has trouble falling asleep in the dark.
 |
| 1. Awakens frequently in the night. Reason.
 |
| 1. Falls out of bed.
 |
|  10. Moves in bed quite a lot when sleeping. |
|  11. Sleepwalks. |
|  12. Needs other person in bed in order to sleep. |
|  13. Dislikes top sheet on bed. |
|  14. Grinds teeth in sleep. |
|  15. Other. |
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| **HEALTH FACTORS** |
| 1. Has numerous allergies that affect breathing.
 |
| 1. Has numerous allergies causing rashes etc.
 |
| 1. Suffers from headaches.
 |
| 1. Has visible discoloration under eyes.
 |
| 1. Frequently blinks or squints eyes.
 |
| 1. Frequently rubs eyes or has red eyes.
 |
| 1. Suffers from ear infections.
 |
| 1. Suffers from high fevers.
 |
| 1. Suffers from sinus problems.
 |
| 1. Has dentition/orthodontic problems.
 |
| 1. Has digestive disorders.
 |
| 1. Has difficulty with bowel or bladder control.
 |
| 1. Has serious or chronic illnesses.
 |
| 1. Has serious or repeated injuries/accidents.
 |
| 1. Takes medication.
 |
| 1. Has unusual reaction to immunizations.
 |
| 1. Has metabolic problems.
 |
| 1. Had difficult prenatal experience.
 |
| 1. Describe birth.
 |
| 1. Lost first tooth? Age?
 |
| 1. Other:
 |
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| **DEVELOPMENTAL MILESTONES** |
| 1. Breast or bottle fed.
 |
| 1. Age when rolled over.
 |
| 1. Age when sat up and pulled self up.
 |
| 1. Describe crawling.
 |
| 1. Describe walking.
 |
| 1. Describe talking.
 |
| 1. Describe dressing self.
 |
| 1. Difficulty/delay going up or down stairs.
 |
| 1. Difficulty/delay feeding self.
 |
| 1. Difficulty/delay drawing or writing.
 |
| 1. Difficulty/delay reading.
 |
| 1. Difficulty/delay deciding hand dominance.
 |
| 1. Difficulty/delay playing ball sports.
 |
| 1. Difficulty/delay with rhythm activities.
 |
| 1. Other.
 |
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| **HOBBIES, SPECIAL INTERESTS, TALENTS** |
| 1. Listening to music.
 |
| 1. Participating in music.
 |
| 1. Reading or listening to stories.
 |
| 1. Watching television or videos. How much?
 |
| 1. Computer games How often?
 |
| 1. Participating in sports (list).
 |
| 1. Observing sports activities.
 |
| 1. Hiking.
 |
| 1. Imaginative play.
 |
|  10. Bike riding. |
|  |
| **LIGHTS** |
| 1. Is bothered by light in general.
 |
| 1. Appears bothered by lights in supermarkets.
 |
| 1. Appears uncomfortable with fluorescent lights.
 |
| 1. Wants to wear a cap with visor.
 |
| 1. Prefers bright lights to dim lights.
 |
| 1. Other:
 |
|  |
| **ATTENTION** |
| 1. Has difficulty paying attention in school.
 |
| 1. Has difficulty completing tasks.
 |
| 1. Has difficulty accepting change/transitions.
 |
| 1. Has difficulty sitting still at home or school.
 |
| 1. Has difficulty following directions.
 |
| 1. Has difficulty organizing personal belongings.
 |
| 1. Other:
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| **SPECIFIC EDUCATIONAL CONCERNS:** |
| **SPECIFIC SOCIAL CONCERNS:** |
| **ADDITIONAL COMMENTS:** |





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