

Date: _____

Parent's Name: _____

Child's Name: _____

Date of Birth: _____ Age: ____ Sex: M F

Please reflect and answer to the best of your observation:

	Symptoms and Behaviors	Yes	No	Some-times	Comments
PRMC R	Spontaneous control				
PRMC R	Median + gross motor control				
PRMC L	Communication				
PRMC L	Fine motor coordination				
PRMC L	Linear logic				
PRMC L	Precise manual skill				
POMC R	Control on legs in personal space dancing				
POMC L	Able to run for long distance				
Up/Down	Challenged to express emotion				
Up/Down	Unclear personal space				
R/L	Challenged in thinking process				
Front/Back	Challenged with concentration				
RG	Excessive pressure when writing				
RG	Speech challenges				
RG	Communication difficulties				
HP	Poor muscle tone in the arms or upper body				
HP	Difficulty with voice modulation				
HP	Difficulty with writing				
HP	Fine motor difficulties (buttoning clothes, tying shoes)				
HP	ADD/ADHD				
HP	Voice control (squeaky, monotone)				
HP	Spelling challenges				
HP	Speech challenges				
HS	Poor personal boundaries				
HS	Inappropriate aggressive behavior				
HS	Difficulty to deal with emotional distress/new information				
HS	Poor boundaries				

