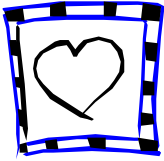

Patient Name: ______________________________

Patient Date of Birth: ______________________________

Date Completed: ______________________________

From the Heart Therapy Services

TEACHER CHECKLIST

Please complete and then either fax to (512) 306-7380 or mail to PO Box 162904, Austin, Texas 78716

Please indicate below how frequently the following behaviors are observed.

Visual: Does the child

1.	make poor eye contact?	☐ Yes	☐ No	☐ At Times
2.	have difficulty following a moving object?	☐ Yes	☐ No	☐ At Times
3.	tilt or cock his head when drawing?	☐ Yes	☐ No	☐ At Times
4.	orient drawings poorly on page?	☐ Yes	☐ No	☐ At Times
5.	become distracted with a lot of visual input?	☐ Yes	☐ No	☐ At Times
6.	have trouble recognizing same & different?	☐ Yes	☐ No	☐ At Times
7.	have trouble with puzzles?	☐ Yes	☐ No	☐ At Times
8.	have a diagnosed visual problem?	☐ Yes	☐ No	☐ At Times

Motor: Does the child

1.	have trouble using both hands together?	☐ Yes	☐ No	☐ At Times
2.	have difficulties with rhythm or alternating movements?	☐ Yes	☐ No	☐ At Times
3.	have poor sitting or standing posture?	☐ Yes	☐ No	☐ At Times
4.	look awkward or clumsy?	☐ Yes	☐ No	☐ At Times
5.	have difficulty learning a new motor task?	☐ Yes	☐ No	☐ At Times
6.	tire easily?	☐ Yes	☐ No	☐ At Times
7.	have trouble hopping, running or skipping?	☐ Yes	☐ No	☐ At Times
8.	have generally poor coordination such as: sloppy eating, difficulty with dressing & fastening clothes, tying shoelaces, dropping things, tripping, bumping into things?	☐ Yes	☐ No	☐ At Times
9.	have trouble catching & throwing?	☐ Yes	☐ No	☐ At Times

Tactile: Does the child

	Question	Yes	No	At Times
1.	avoid playing with messy things?	☐ Yes	☐ No	☐ At Times
2.	dislike being touched and/or cuddled?	☐ Yes	☐ No	☐ At Times
3.	demonstrate an excessive need to touch things or people?	☐ Yes	☐ No	☐ At Times
4.	become irritated when someone is close to him?	☐ Yes	☐ No	☐ At Times
5.	dislike certain clothing or textures of clothing, tag in the back of his shirt, etc?	☐ Yes	☐ No	☐ At Times
6.	feel pain differently than others?	☐ Yes	☐ No	☐ At Times
7.	crave hugging or rough-playing?	☐ Yes	☐ No	☐ At Times

Vestibular: Does the child

	Question	Yes	No	At Times
1.	get motion sickness easily?	☐ Yes	☐ No	☐ At Times
2.	indicate fear of stairs, hill, heights, swinging or activities requiring balance?	☐ Yes	☐ No	☐ At Times
3.	spin or whirl more than most children?	☐ Yes	☐ No	☐ At Times
4.	have poor balance?	☐ Yes	☐ No	☐ At Times
5.	have a short attention span?	☐ Yes	☐ No	☐ At Times
6.	seem restless & have difficulty sitting still?	☐ Yes	☐ No	☐ At Times

Behavior/Social: Does the child

	Question	Yes	No	At Times
1.	have temper tantrums?	☐ Yes	☐ No	☐ At Times
2.	become easily frustrated?	☐ Yes	☐ No	☐ At Times
3.	have difficulty being disciplined?	☐ Yes	☐ No	☐ At Times
4.	appear stubborn, uncooperative or manipulative?	☐ Yes	☐ No	☐ At Times
5.	appear aggressive or have acting out behaviors?	☐ Yes	☐ No	☐ At Times
6.	have difficulty organizing his body and his behavior?	☐ Yes	☐ No	☐ At Times
7.	appear affectionate and friendly to others?	☐ Yes	☐ No	☐ At Times
8.	become withdrawn and hard to reach?	☐ Yes	☐ No	☐ At Times

Fine Motor Coordination: Does the child

	Question	Yes	No	At Times
1.	hold his utensil correctly (pencil, crayon, spoon, scissors, etc.)?	☐ Yes	☐ No	☐ At Times
2.	move his tongue or mouth when working with hands?	☐ Yes	☐ No	☐ At Times

3. manipulate small objects with difficulty?	☐ Yes	☐ No	☐ At Times
4. have a weak grasp or hold objects too tightly?	☐ Yes	☐ No	☐ At Times
5. have trouble with puzzles?	☐ Yes	☐ No	☐ At Times
6. have difficulty with pencil/crayon activities?	☐ Yes	☐ No	☐ At Times

Speech: Does the child

1. have intelligible speech? At 3 yrs. 60%, 5 yrs. 90%?	☐ Yes	☐ No	☐ At Times
2. produce/say /p/, /m/, /h/, /n/, /w/, /b/, at 3 years?	☐ Yes	☐ No	☐ At Times
3. produce/say /k/, /g/, /d/, /t/, /f/, /y/ at 4 years?	☐ Yes	☐ No	☐ At Times
4. produce/say /l/, /r/, /s/, /sh/, /ch/, at 4 to 6 years?	☐ Yes	☐ No	☐ At Times
5. exhibit problems with stuttering?	☐ Yes	☐ No	☐ At Times
6. have a hoarse and/or rough voice?	☐ Yes	☐ No	☐ At Times
7. have a nasal voice? Have difficulty monitoring voice level?	☐ Yes	☐ No	☐ At Times

Language: Does the child

1. talk with other children?	☐ Yes	☐ No	☐ At Times
2. converse in sentences?	☐ Yes	☐ No	☐ At Times
3. have echolalic speech characteristics (repeating everything said)?	☐ Yes	☐ No	☐ At Times
4. ask questions using “wh” words (what, where, why, etc.)?	☐ Yes	☐ No	☐ At Times
5. have difficulty expressing wants and needs?	☐ Yes	☐ No	☐ At Times
6. using plurals, pronouns, verbs, and prepositions?	☐ Yes	☐ No	☐ At Times
7. have difficulty retelling a story?	☐ Yes	☐ No	☐ At Times
8. understand names of objects and body parts?	☐ Yes	☐ No	☐ At Times
9. comprehend concepts of quantity, shape, colors, and special relationships?	☐ Yes	☐ No	☐ At Times
10. have difficulty remembering and following directions?	☐ Yes	☐ No	☐ At Times
11. have reading, spelling, and writing problem? (if age appropriate)	☐ Yes	☐ No	☐ At Times