Angel Care Kids Therapy Center
70 Merrimack Street
Haverhill, MA 01830

PRESCHOOL/KINDERGARTEN CHECKLIST

1. Does your young child seem to be overly sensitive to sounds or overreact to noises in the environment, e.g. home, classroom?
2. Does your child seem overwhelmed and not able to self-calm when there is noise, e.g. car radio, vacuum, appliances, birthday parties?
3. Does your child not seem to respond to loud sounds or react as you would expect?
4. Does your child have difficulty following simple commands?
5. Is your child easily distracted and have difficulty focusing?

TACTILE

1. Does your child exhibit difficulty with touch, dislike being hugged, have difficulty standing in line, being in close proximity to others?
2. Does your child dislike or avoid seat belts and car seats?
3. Does your child overreact to hair care, nail care and oral care?
4. Does your child have difficulty at dental appointments?
5. Does the texture of certain fabrics, sheets, blankets, significantly bother your child?
6. Does your child have difficulty tolerating seasonal changes in clothes such as hats, jackets, shorts, etc.?
7. Does your child appear to avoid playing with certain materials due to a tactile issue?
8. Does your child express discomfort when wearing socks and shoes?
9. Is your child overly sensitive to the feel of sand or grass on their feet?
10. Does your child avoid getting messy or overreact when dirty or wet?
11. Does your child avoid sensory activities like sand, rice, playdough, etc?
12. Did your child have difficulty with toilet training?
13. Do you feel that sensitivities to tactile input are disrupting or limiting your child's activities of daily living?

ORAL MOTOR

1. Did your child have difficulty transitioning from sip-y cup to open cup?
2. Can your child sip through a straw or blow bubbles?
3. Does your child have difficulty tolerating various food textures and tastes?
4. Does your child gag or overstuff their mouth?
5. Does your child excessively drool or have difficulty fully closing their mouth.
6. Does your child have a speech delay?

7. Does your child excessively mouth or lick objects and non-food items?
8. Does your child continue to be a thumbsucker or a pacifier user?

VISUAL

1. Does your child make good eye contact and able to focus on visual stimuli presented to them?
2. Does your child seem bothered in very stimulating environments or have sensitivity to bright lights or sunlight?
3. Is your child able to visually track items and localize items in their environment?
4. Does your child have difficulty with puzzle and constructional activities?
5. Does your child seem to have difficulty organizing toys and/or classroom materials?
6. Does your child appear to have figure-Ground problems?

MOVEMENT

1. Does your child avoid swings, playground equipment, amusement park rides or other movement activities?
2. Does your child dislike car rides or become car sick or motion sick?
3. Does your child frequently seek movement or input, e.g. rocking, banging, crashing, jumping, twirling, always moving and fidgeting?
4. Does your child have excessive fear of movement or of trying new activities?
5. Does your child appear fearful of heights or being upside down?
6. Does your child demonstrate excessive risk taking during movement activities?
7. Has a dislike or fear of movement limited your child's participation in gym activities or bike riding, etc.?

SOCIAL/FUNCTIONAL

1. Do you feel like your child is social?
2. Does your child interact with other children and adults?
3. Does their play seem appropriate for their age?
4. Do they have restricted interests or limited playing skills?
5. Was your baby described as being colicky and then did not respond to traditional treatment?
6. Would you ever describe your child as being difficult to control, difficult to calm, difficult to satisfy?
7. Does your child have significant tantrums?
8. Does your child have difficulty with transitions, change in routine, and change in schedules?

If you answered "yes" to 5 questions in this checklist, it is recommended that you speak with a pediatric occupational therapist and share this checklist with your child’s physician.