Infant/ Toddler Checklist:
___ My infant/toddler has problems eating.
___ My infant/toddler refused to go to anyone but me.
___ My infant/toddler has trouble falling asleep or staying asleep
___ My infant/toddler is extremely irritable when I dress him/her; seems to be uncomfortable in clothes.
___ My infant/toddler rarely plays with toys, especially those requiring dexterity.
___ My infant/toddler has difficulty shifting focus from one object/activity to another.
___ My infant/toddler does not notice pain or is slow to respond when hurt.
___ My infant/toddler resists cuddling, arches back away from the person holding him.
___ My infant/toddler cannot calm self by sucking on a pacifier, looking at toys, or listening to my voice.
___ My infant/toddler has a "floppy" body, bumps into things and has poor balance.
___ My infant/toddler does little or no babbling, vocalizing.
___ My infant/toddler is easily startled.
___ My infant/toddler is extremely active and is constantly moving body/limbs or runs endlessly.
___ My infant/toddler seems to be delayed in crawling, standing, walking or running.

Pre-School Checklist:
___ My child has difficulty being toilet trained.
___ My child is overly sensitive to stimulation, overreacts to or does not like touch, noise, smells, etc.
___ My child is unaware of being touched/bumped unless done with extreme force/intensity.
___ My child has difficulty learning and/or avoids performing fine motor tasks such as using crayons and fasteners on clothing.
___ My child seems unsure how to move his/her body in space, is clumsy and awkward.
___ My child has difficulty learning new motor tasks.
___ My child is in constant motion.
___ My child gets in everyone else's space and/or touches everything around him.
___ My child has difficulty making friends (overly aggressive or passive/withdrawn).
___ My child is intense, demanding or hard to calm and has difficulty with transitions.
___ My child has sudden mood changes and temper tantrums that are unexpected.
___ My child seems weak, slumps when sitting/standing; prefers sedentary activities.
___ It is hard to understand my child's speech.
___ My child does not seem to understand verbal instructions.
School Age:
___ My child is overly sensitive to stimulation, overreacts to or does not like touch, noise, smells, etc.
___ My child is easily distracted in the classroom, often out of his/her seat, fidgety.
___ My child is easily overwhelmed at the playground, during recess and in class.
___ My child is slow to perform tasks.
___ My child has difficulty performing or avoids fine motor tasks such as handwriting.
___ My child appears clumsy and stumbles often, slouches in chair.
___ My child craves rough housing, tackling/wrestling games.
___ My child is slow to learn new activities.
___ My child is in constant motion.
___ My child has difficulty learning new motor tasks and prefers sedentary activities.
___ My child has difficulty making friends (overly aggressive or passive/ withdrawn).
___ My child gets stuck’ on tasks and has difficulty changing to another task.
___ My child confuses similar sounding words, misinterprets questions or requests.
___ My child has difficulty reading, especially aloud.
___ My child stumbles over words; speech lacks fluency, and rhythm is hesitant.

Adolescent/Adult:
___ I am over-sensitive to environmental stimulation: I do not like being touched.
___ I avoid visually stimulating environments and/or I am sensitive to sounds.
___ I often feel lethargic and slow in starting my day.
___ I often begin new tasks simultaneously and leave many of them uncompleted.
___ I use an inappropriate amount of force when handling objects.
___ I often bump into things or develop bruises that I cannot recall.
___ I have difficulty learning new motor tasks, or sequencing steps of a task.
___ I need physical activities to help me maintain my focus throughout the day.
___ I have difficulty staying focused at work and in meetings.
___ I misinterpret questions and requests, requiring more clarification than usual.
___ I have difficulty reading, especially aloud.
___ My speech lacks fluency, I stumble over words.
___ I must read material several times to absorb the content.
___ I have trouble forming thoughts and ideas in oral presentations.