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## OTHER CONCERNS

Yes No

- Is your child easily distracted, disorganized, or have a poor attention span?
- Does your child avoid playing with peers, prefer to play alone or have difficulty making friends?
- Does your child have difficulty following directions?
- Does your child have difficulty getting dressed?
- Does your child have frequent constipation or diarrhea?
- Does your child walk on his/her toes?
- Does your child have difficulty sitting still or does he/she fidget, or seem in constant motion?

If you have questions or concerns regarding any of the questions that you checked “yes”, please contact a Children’s Rehab Center Occupational Therapist for a **FREE** screening at:

Children’s Rehab Center  
3004 W. Faidley Av.  
Grand Island, NE 68803  
308-398-5170  
&  
835 S. Burlington Ste. 110  
Hastings, NE 68901  
402-463-2077



DOES YOUR CHILD NEED  
**OCCUPATIONAL  
THERAPY**

**FREE**  
*DEVELOPMENTAL  
SCREEN*

THE CHILDREN’S REHAB  
CENTER



## SENSORY

Yes No

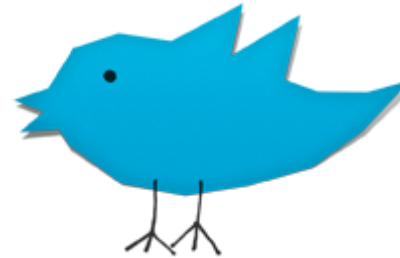
- Does your child have tantrums or meltdowns that are difficult to redirect or calm down?
- Does your child have difficulty adjusting to new environments?
- Does your child over react to touch, taste, sounds, movement, or textures?
- Does your child have difficulty falling asleep at night or wake up frequently?
- Does your child over react to tags in shirts, socks, or certain clothing?
- Is your child frequently anxious or frustrated with daily activities?
- Does your child strongly dislike baths, haircuts, nail cuttings, brushing teeth, or hair washing?



## SENSORY

Yes No

- Does your child avoid physical contact such as hugs?
- Does your child avoid eye contact?
- Does your child have difficulty tolerating change in everyday routine?
- Does your child often spin, jump, bounce, or run around?
- Does your child avoid messy play?
- Does your child exert too much or not enough pressure when handling objects?
- Does your child have difficulty finding objects in a cluttered area?
- Does your child dislike loud noises (ie.cover ears?)
- Does your child have a fear of not having their feet on the floor or afraid to climb?



## FINE MOTOR

Yes No

- Does your child have difficulty with handwriting, using scissors, buttoning, zipping, tying?
- Does your child switch hands during writing/coloring or not have a hand preference?
- Does your child have difficulty with completing puzzles, or stringing beads?
- Does your child have difficulty feeding himself/herself?

## GROSS MOTOR

Yes No

- Does your child lean on things, slump over or appear to be weak?
- Does your child fall, trip, or bump into objects frequently?
- Does your child avoid physical activities such as sports, and playing on the playground?
- Does your child seem clumsy, uncoordinated, or awkward?