

Dear Parent/Legal Guardian:

In advance of the appointment you have scheduled to discuss your concerns about your child's academic and/or behavioral concerns, I would like you to complete several items that will help guide our evaluation and discussion.

Please find the attached forms:

- Parent consent
- Letter to school
- Vanderbilt parent rating scale x2
- Vanderbilt teacher rating scale x2
- Family history form
- Sensory disorder screening
- Mental health screening form PSC-17

Please complete the above form as follows:

1. Parent consent

2. Letter to school

3. School: Provide the school with the copy of the "Letter to School" form and 2-3 copies of the Vanderbilt teacher rating scale and request 2-3 teachers complete the rating scale. Feel free to give this to coaches or other instructors involved with your child. Comments from teachers are very helpful.

4. Parent(s)

- Family history form
- Each parent complete Vanderbilt parent rating scale
- Screen for Child anxiety Related Disorders
- PSC-17 mental health screener
- Sensory disorder screener

Once these forms have been completed, please return them to your child's provider for review.

Sincerely,

Your Pediatrics West Providers



Pediatrics West, P.C.
health care for the growing years

3555 Lutheran Parkway, Suite 200, Wheat Ridge, CO 80033

Phone: 720-284-3700 Fax: 303-467-0525

13402 W Coal Mine Avenue, Suite 200, Littleton, CO 80127

Phone: 303-973-9300 Fax: 303-973-9308

Parent Consent Form

Date: _____

Child's name: _____

Date of birth: _____

School name: _____

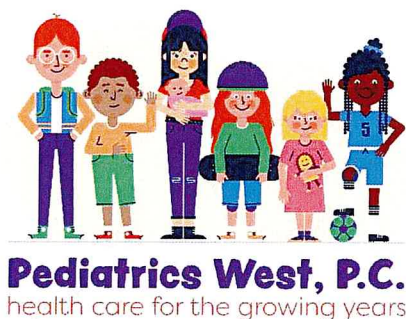
Grade level: _____

I hereby give my consent to my child's school to release information regarding my child's academic performance and psycho-educational assessments, if applicable, to the medical staff at Pediatrics West, PC. This consent includes permission for my child's teachers, principal, school counselors, and other professionals to discuss my child directly with the appropriate medical provider. I understand that these school professionals will be asked to complete questionnaires about my child's academic performance and behaviors. I also give my child's medical provider at Pediatrics West, PC permission to share their recommendations with my school. I understand that I may provide written withdraw of my consent at any time. I understand that the information exchanged between my child's school professionals and medical provider will be kept confidential and reviewed only by the necessary professionals.

Parent printed name _____

Parent signature _____

Date _____



Letter to School

Date: _____

To: _____ (principal, teacher, counselor, therapist)

Child's name: _____

Date of birth: _____

School name: _____

Grade level: _____

The parents and/or legal guardian of the child listed above have contacted my office and requested my assistance in evaluating this child for academic and/or behavioral concerns. Please find the permission to release information signed by the parent/legal guardian. Enclosed you will find Vanderbilt ADHD assessment scales that we are requesting academic instructors complete. We appreciate your cooperation, collaboration, and involvement in assisting with the evaluation of this child.

Sincerely,

Your Pediatrics West Providers



PARENT

Vanderbilt ADHD Diagnostic Parent Rating Scale

Child's Name: _____

Parent's Name: _____

Today's Date: _____

Date of Birth: _____

Age: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child .
When completing this form, please think about your child's behaviors in the past 6 months:

Is this evaluation based on a time when the child: was on medication not on medication not sure

Behavior:

Never

Occasionally

Often

Very Often

1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play games	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even.	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Often lies to get out of trouble, obtain goods or favors, or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is often truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3
33. Deliberately destroys other's property	0	1	2	3

Vanderbilt ADHD Diagnostic Parent Rating Scale (DSM-5), Cont.

Child's Name:

Parent's Name

Today's Date:

Date of Birth:

Age:

Behavior:

	Never	Occasionally	Often	Very Often
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Has been physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Academic & Social Performance:

	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
1. Overall school performance	1	2	3	4	5
2. Reading	1	2	3	4	5
3. Writing	1	2	3	4	5
4. Mathematics	1	2	3	4	5
5. Relationship with parents	1	2	3	4	5
6. Relationship with siblings	1	2	3	4	5
7. Relationship with peers	1	2	3	4	5
8. Participation in organized activities (eq. teams)	1	2	3	4	5

How old was your child when you first noticed the behaviors?

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye-blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day.

2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day.

3. If YES to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? No Yes

Previous Diagnosis and Treatment: Please answer the following questions to the best of your knowledge.

1. Has the child been diagnosed with ADHD or ADD?	No	Yes
2. Is he/she on medication for ADHD or ADD?	No	Yes
3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder?	No	Yes
4. Is he/she on medication for Tic Disorder or Tourette's Disorder?	No	Yes



PARENT

Vanderbilt ADHD Diagnostic Parent Rating Scale

Child's Name: _____

Parent's Name: _____

Today's Date: _____

Date of Birth: _____

Age: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child .
When completing this form, please think about your child's behaviors in the past 6 months:

Is this evaluation based on a time when the child: was on medication not on medication not sure

Behavior:

Never

Occasionally

Often

Very Often

1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play games	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even.	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Often lies to get out of trouble, obtain goods or favors, or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is often truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3
33. Deliberately destroys other's property	0	1	2	3

Vanderbilt ADHD Diagnostic Parent Rating Scale (DSM-5), Cont.

Child's Name:

Parent's Name

Today's Date:

Date of Birth:

Age:

Behavior:

	Never	Occasionally	Often	Very Often
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Has been physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Academic & Social Performance:

	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
1. Overall school performance	1	2	3	4	5
2. Reading	1	2	3	4	5
3. Writing	1	2	3	4	5
4. Mathematics	1	2	3	4	5
5. Relationship with parents	1	2	3	4	5
6. Relationship with siblings	1	2	3	4	5
7. Relationship with peers	1	2	3	4	5
8. Participation in organized activities (eq. teams)	1	2	3	4	5

How old was your child when you first noticed the behaviors?

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye-blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day.

2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day.

3. If **YES** to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? No Yes

Previous Diagnosis and Treatment: Please answer the following questions to the best of your knowledge.

1. Has the child been diagnosed with ADHD or ADD?	No	Yes
2. Is he/she on medication for ADHD or ADD?	No	Yes
3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder?	No	Yes
4. Is he/she on medication for Tic Disorder or Tourette's Disorder?	No	Yes

Vanderbilt ADHD Diagnostic Teacher Rating Scale

Child's Name: _____	Teacher's Name: _____	Teacher's Fax# _____
Today's Date: _____	School: _____	Grade: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____

Is this evaluation based on a time when the child: was on medication not on medication not sure

Behavior:	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes in on others (eg, butts into conversations /games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen things of nontrivial value	0	1	2	3
28. Deliberately destroys other's property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Vanderbilt ADHD Diagnostic Teacher Rating Scale (DSM-5), Cont.

Child's Name:

Teacher's Name

Today's Date:

School:

Grade:

Academic & Social Performance:		Excellent	Above Average	Average	Somewhat of a Problem	Problematic
1. Reading		1.	2.	3.	4.	5.
2. Writing		1.	2.	3.	4.	5.
3. Mathematics		1.	2.	3.	4.	5.
4. Relationship with peers		1.	2.	3.	4.	5.
5. Following directions		1.	2.	3.	4.	5.
6. Disrupting class		1.	2.	3.	4.	5.
7. Assignment Completion		1.	2.	3.	4.	5.
8. Organizational Skills		1.	2.	3.	4.	5.

Comments:

A

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye-blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day.

2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day.

3. If **YES** to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? No Yes

Previous Diagnosis and Treatment: Please answer the following questions to the best of your knowledge.

1. Has the child been diagnosed with ADHD or ADD?	No	Yes
2. Is he/she on medication for ADHD or ADD?	No	Yes
3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder?	No	Yes
4. Is he/she on medication for Tic Disorder or Tourette's Disorder?	No	Yes

Vanderbilt ADHD Diagnostic Teacher Rating Scale

Child's Name: _____ **Teacher's Name:** _____ **Teacher's Fax#** _____

Today's Date: _____ **School:** _____ **Grade:** _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors:

Is this evaluation based on a time when the child: was on medication not on medication not sure

Behavior:	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes in on others (eg, butts into conversations /games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen things of nontrivial value	0	1	2	3
28. Deliberately destroys other's property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Vanderbilt ADHD Diagnostic Teacher Rating Scale (DSM-5), Cont.

Child's Name:

Teacher's Name

Today's Date:

School:

Grade:

Academic & Social Performance:

Excellent

Above
Average

Average

Somewhat of
a Problem

Problematic

1. Reading	1.	2.	3.	4.	5.
2. Writing	1.	2.	3.	4.	5.
3. Mathematics	1.	2.	3.	4.	5.
4. Relationship with peers	1.	2.	3.	4.	5.
5. Following directions	1.	2.	3.	4.	5.
6. Disrupting class	1.	2.	3.	4.	5.
7. Assignment Completion	1.	2.	3.	4.	5.
8. Organizational Skills	1.	2.	3.	4.	5.

Comments:

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye-blinking grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day.

2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day

3. If YES to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating?) No Yes

Previous Diagnosis and Treatment: Please answer the following questions to the best of your knowledge.

1. Has the child been diagnosed with ADHD or ADD?	No	Yes
2. Is he/she on medication for ADHD or ADD?	No	Yes
3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder?	No	Yes
4. Is he/she on medication for Tic Disorder or Tourette's Disorder?	No	Yes

Family History

The following chart includes problems that may run in families. We would like to know if anyone in the family, other than this child, has had any of these problems. Please put an X in the column of a family member(s) who has had any of these problems. The column labeled "Other Family" refers to family members such as grandparents, cousins, uncles or aunts. If any of these "Other Family" members has had a problem mentioned on the chart, please specify which family member had the problem.

FAMILY HISTORY	Child's Father	Child's Mother	Child's Sister	Child's Brother	Other Family please specify
Hyperactive or said to have Attention Deficit Disorder as a child?					
Troubles with learning?					
Speech problems?					
Trouble with behavior?					
Depression? (feeling very sad)					
Other mental illness?					
Alcoholism or drug abuse problem?					
Tics or Tourette's Syndrome?					
Medical problems (describe below)?					
Age(s)?					
Present occupation?					

Details of any medical problems that occur in the family: _____

If parents are separated, divorces or if one or both has died, please specify below and state who the child mainly lives with:

If the child is adopted or a foster child, please specify below:

Sensory Processing Disorder Checklist

Below is a list of other behaviors exhibited by children with SID/DSI:

- Loves to spin, swing and jump -- this will seem to calm them down after several minutes.
- Complains of how clothing feels, does not like tags left in their clothing and have to have their socks on just so, or a certain kind of sock.
- Picky eaters - get stuck on one certain food and is basically impossible to get them to eat anything else.
- Oversensitivity to smells. Or undersensitivity - may sniff people, objects, foods.
- Oversensitivity to sounds -- will frequently cover ears. Or undersensitivity.
- May have an exceptional high pain tolerance.
- May tire easily.
- Unusually high or low activity level.
- Resists new situations.
- Problems with muscle tone, coordination, motor planning.
- Can be very impulsive or distractible.
- Persistently walks on toes to avoid sensory input from the bottom of the feet. This can also be a sign of cerebral palsy if the child is unable to bring their feet down flat when asked or trying.

These are just a few of the symptoms that children with SID/DSI can exhibit.

Many of the symptoms listed in the following categories are common to that particular age group. Where more than a few symptoms are found in a child, we recommend you talk to your doctor for a professional experienced with treating Sensory Processing Disorder.

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 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/her.
- ☐ 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 fastening 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/her.
- ☐ 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.

YOUTH PEDIATRIC SYMPTOM CHECKLIST-17 (Y PSC-17)

Name: _____ Record #: _____

Date of Birth: _____ Today's Date: _____

Please mark under the heading that best fits you:			NEVER	SOMETIMES	OFTEN
◆	Fidgety, unable to sit still	◆	0	1	2
✱	Feel sad, unhappy	✱	0	1	2
◆	Daydream too much	◆	0	1	2
□	Refuse to share	□	0	1	2
□	Do not understand other people's feelings	□	0	1	2
✱	Feel hopeless	✱	0	1	2
◆	Have trouble concentrating	◆	0	1	2
□	Fight with other children	□	0	1	2
✱	Down on yourself	✱	0	1	2
□	Blame others for your troubles	□	0	1	2
✱	Seem to be having less fun	✱	0	1	2
□	Do not listen to rules	□	0	1	2
◆	Act as if driven by a motor	◆	0	1	2
□	Tease others	□	0	1	2
✱	Worry a lot	✱	0	1	2
□	Take things that do not belong to you	□	0	1	2
◆	Distract easily	◆	0	1	2

OFFICE USE ONLY

Total ◆ _____ Total □ _____ Total * _____ Grand Total ◆+□+* _____

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and Bright Futures in Practice: Mental Health, 2002