

Does your child show any of the following behaviours? Please check all that apply.

Moro	<input type="checkbox"/> Unexpected sudden changes of behaviour <input type="checkbox"/> Aggressive outbursts <input type="checkbox"/> Withdrawn timidity <input type="checkbox"/> Tendency to observe others rather than join in <input type="checkbox"/> Craving for sweet things <input type="checkbox"/> Snacking, inability to eat a whole meal <input type="checkbox"/> Dislike of rough and tumble <input type="checkbox"/> Dislike of fairground rides <input type="checkbox"/> Dislike of bright lights, headaches <input type="checkbox"/> Dislike of wind in face, water in face <input type="checkbox"/> Panic attacks <input type="checkbox"/> Distractibility <input type="checkbox"/> Copying difficulties <input type="checkbox"/> Perceptual difficulties both visual and auditory <input type="checkbox"/> Nervousness <input type="checkbox"/> Need to be in control <input type="checkbox"/> Dislike of change <input type="checkbox"/> Dislike of loud noise <input type="checkbox"/> Over sensitivity to particular frequencies of sounds <input type="checkbox"/> Over sensitivity to textures, labels etc <input type="checkbox"/> Sensitivity to a range of high frequencies normally outside human hearing (so that cars can be heard miles away, lift mechanics emitting a high pitch whistle)
Grasping	<input type="checkbox"/> Poor pincer grip between thumb and forefinger <input type="checkbox"/> Over sensitivity on the palms and bottom of feet, very ticklish <input type="checkbox"/> Poor knife and fork grasp and control <input type="checkbox"/> Poor running skills <input type="checkbox"/> Complaints that shoes hurt especially over toes <input type="checkbox"/> Tripping, falling <input type="checkbox"/> Poor saliva control, dribbling, spitting whilst speaking <input type="checkbox"/> Over sensitivity around and in the mouth

	<ul style="list-style-type: none"> <input type="checkbox"/> Messy eating <input type="checkbox"/> Dislike of certain textures of foods <input type="checkbox"/> Tendency to suck rather than chew <input type="checkbox"/> Noisy eating <input type="checkbox"/> Inability to close mouth on eating <input type="checkbox"/> Poor control of mouth for speech <input type="checkbox"/> Poor co-ordination of breathing and speech <input type="checkbox"/> Poor bladder control <input type="checkbox"/> Possible reflux from the stomach
ATNR	<ul style="list-style-type: none"> <input type="checkbox"/> Poor reading skills, inability to follow a line, getting lost along the line, losing place <input type="checkbox"/> Blurring and double image <input type="checkbox"/> Rubbing eyes, reddening of eyes <input type="checkbox"/> Inability to read small print, though can read large print <input type="checkbox"/> Inability to read when there are many lines on a page <input type="checkbox"/> Difficulty eating <input type="checkbox"/> Messy eating <input type="checkbox"/> Poor writing and copying <input type="checkbox"/> Poor hand eye co-ordination <input type="checkbox"/> Tight pen grip, breaks pencil lead frequently <input type="checkbox"/> Complains of writer's cramp <input type="checkbox"/> Hates writing, slow with much less achieved than would be expected <input type="checkbox"/> Difficulty with spelling and grammar and context both in reading and writing <input type="checkbox"/> Poor co-ordination, balance difficulties when moving <input type="checkbox"/> Difficulty swimming, especially breast stroke, but poor splashy rolling style with crawl <input type="checkbox"/> Poor running, skiing, roller blading. <input type="checkbox"/> Poor left and right knowledge <input type="checkbox"/> Reversal of letters, numbers <input type="checkbox"/> When reading may start words or lines at the end <input type="checkbox"/> Tendency to learn in a holistic, visual manner

	<ul style="list-style-type: none"> <input type="checkbox"/> Imaginative, artistic, but with poor sequential skills, poor at arithmetic, tables <input type="checkbox"/> Difficulty following multiple instructions, poor memory <input type="checkbox"/> Tendency to be selfish, ego-centric <input type="checkbox"/> Can't wait for reward, wants everything NOW
TLR	<ul style="list-style-type: none"> <input type="checkbox"/> Poor balance, falling <input type="checkbox"/> Abnormal wear of shoes because of increased pressure on the heels of toes <input type="checkbox"/> Poor spatial awareness, difficulty knowing where self is relation to space and others: sitting too close, poor development of personal space <input type="checkbox"/> Poor arrangement of work on paper <input type="checkbox"/> Poor depth perception, banging into things, snatching, knocking things over <input type="checkbox"/> Poor near vision, reading and copying difficulty <input type="checkbox"/> Problems with grammar and tense <input type="checkbox"/> Poor development of self-identity, shy, tendency to be easily influenced by others <input type="checkbox"/> Poor short term memory <input type="checkbox"/> Dislike of arms being held above the head <input type="checkbox"/> Inability to swing from or climb a rope
STNR	<ul style="list-style-type: none"> <input type="checkbox"/> Poor standing position, stooped shoulders, bent knees, flexed hips <input type="checkbox"/> Poor sitting position, head lowering to desk as working <input type="checkbox"/> Swinging back on chair, legs wrapped around chair, sitting on legs <input type="checkbox"/> Preference to sit on the floor, or lie on floor or couch <input type="checkbox"/> Fidgeting whilst sitting, concentration difficulties <input type="checkbox"/> Poor attention to work, poor quality and amount <input type="checkbox"/> May even stand up, wander around classroom <input type="checkbox"/> Reading difficulty from seated position <input type="checkbox"/> Poor writing and copying, many errors in copying, very slow

	<input type="checkbox"/> Poor impulse control <input type="checkbox"/> Poor concentration and short term memory <input type="checkbox"/> Tendency to be long sighted <input type="checkbox"/> Poor control of legs
Spinal	<input type="checkbox"/> Poor control of legs <input type="checkbox"/> Poor bladder control <input type="checkbox"/> Possibly poor bowel control <input type="checkbox"/> Fidgetiness whilst sitting <input type="checkbox"/> Dislike of anything tight around the waist <input type="checkbox"/> Very ticklish around the back <input type="checkbox"/> Poor speech development <input type="checkbox"/> Poor listening skills