

Balzer-Martin Preschool Screening – Parent/Caregiver Questionnaire

Child's Name: \_\_\_\_\_

Name of person (s) filling out form: \_\_\_\_\_

Date: \_\_\_\_\_

***Please check all that apply to describe your child's response to touch:***

- Did not always find touch to be calming or pleasurable as an infant.
- Is bothered by grooming activities (shampoo or face wash etc.).
- Reacts negatively to a haircut or having nails cut.
- Avoids messy activities (playdough, clay, mud-pies, finger-paints and cooking).
- Reacts strongly to physically painful experiences.
- Has a high pain tolerance, reacts minimally to physically painful experiences.
- Tends to withdraw from a group or is irritable in close quarters.
- Tends to bump or push others in a group.
- Is picky about clothing (textures, fit, feeling):
  - Dislikes collars or turtlenecks
  - Annoyed by labels (tags etc.)
  - Complains about socks, coats, or hats
  - Prefers only loose clothing
  - Is uncomfortable in long sleeves or pants.
  - Prefers as little clothing as possible regardless of weather.
  - Has difficulty switching seasonal daily clothing routines (i.e. winter coat to no jacket when going outside/long pants to shorts/long sleeves to short sleeves).

***Please check all that apply to your child's response to movement:***

- Enjoys fast-moving or spinning activities at the playground or at home.
- Likes to swing very high and/or for long periods of time.
- Frequently rides the tire swing asking for more spinning.
- Especially likes movement experiences at home such as bouncing on furniture, using a rocking chair, or being turned in a swivel chair.
- Enjoys getting into an upside-down position (feet up, head down).
- Enjoys fast and spinning kiddie rides when at an amusement park.
- Is always "on the go".
- Struggles to sit still for mealtimes, sedentary activities, quiet play.
- Does not get dizzy with rotation.
- Is cautious when approaching activities involving fast movement or movement of the body through space.
- Avoids swings or slides or uses them with hesitation or assistance.
- Does not like riding a see-saw or going up and down on an escalator.
- Is cautious about heights and climbing.
- Enjoys movement which s/he initiates but does not like to be moved by others, particularly if the movement is unexpected.

Balzer-Martin Preschool Screening – Parent/Caregiver Questionnaire

- Dislikes trying new movement activities or has difficulty learning them.
- Has difficulty climbing or descending stairs or hills.
- Tends to get motion sick in a car, airplane or elevator.

***Please check all that apply to your child's response to smell:***

- Has difficulty identifying things by their smell.
- Tends to complain frequently about smells.
- Tends to ignore unpleasant odors when they are present.

***Please check all that apply to your child's sense of hearing:***

- Parental concern about hearing ability.
- Misses verbal directions.
- Requires frequent repetition of verbal directions.
- Is sensitive to noise (puts hands over ears).
- Becomes upset with loud sounds:
  - Toilet flushing
  - Fire engines
  - Hair dryer
  - Blender
  - Vacuum cleaner
- Doesn't like when music is playing.
- Seems not to hear what is being said despite having normal hearing.

***Please check all that apply to your child's vision:***

- Parental concern about eyesight or visual functioning.
- Child watches TV close to the screen.
- Has difficulty locating objects on a crowded shelf.
- Struggles to complete a puzzle.
- Tilts head when looking at books or objects intently.
- Spins or moves objects repeatedly in front of face or eyes or in peripheral vision.
- Bumps into tables, chairs or trips over rugs.
- Doesn't appear to see obstacles.

***Please check all that apply to your child's strength and posture:***

- Tends to slump in chair.
- Tends to sprawl over chair and table.
- Does not feel very "firm" when you lift child up or move child's limbs to dress.
- Has difficulty turning knobs or handles which require some pressure.
- Fatigues easily during family outings or during physical activities.
- Has a loose grasp on objects such as a pencil, spoon or something s/he carries.
- Has a tight, tense grasp on objects.
- Sits on his or her bottom with their knees bent and feet positioned outside of their hips ("W" sitting).

Balzer-Martin Preschool Screening – Parent/Caregiver Questionnaire

- Trips and falls frequently.
- Fidgety, switches positions frequently.
- Lays on floor while playing.

***Please check all that apply to your child's play and routines:***

- Spontaneously engages in active physical games involving running, jumping and use of large play equipment.
- Spontaneously engages in activities requiring manipulation of small objects:
  - Duplos, Lego.
  - Building with blocks.
  - Arts and crafts projects using small objects such as beads, straws, buttons, felt, cotton balls etc.
- Stays with the group when engaging in group-centered activities (sports, gymnastics etc.).
- Spontaneously engages in activities involving the use of “tools” such as crayons, pencils, markers etc.
- Uses scissors.
- Incorporates other children's ideas into play.
- Engages in activities independently at home (non-screen).
- Can sustain attention for preferred tasks and activities.
- Is restless or fidgety during times when quiet concentration is required.
- Has difficulty managing transitions.
- Dresses easily (puts arms in sleeves, puts fingers in mittens, puts toes in socks).
- Toilets independently.

***Please check all that apply to your child's social experience:***

- Struggles with group gatherings such as birthday parties, group classes etc.
- Charges into new experiences.
- Reacts negatively to new experiences, becoming upset or frustrated and retreating.
- Takes time to adjust to playdates.
- Has difficulty accompanying adults on errands.
- Has a sense of humor, finds peculiar situations amusing (like a dog wearing a hat).
- Can label basic emotions.

***Please check all that apply to your child's sleep patterns:***

- Has difficulty regulating sleep patterns.
- Took longer than other infants to sleep through the night.
- Had colic as a baby.
- Never took naps, or gave up naps sooner than most children.
- Now has difficulty falling asleep.
- Does not consistently sleep through the night.
- Sleeps more than other children.
- Is frequently tired even after a good night's sleep.

***Please check all that apply:***

- Parental concerns about Speech and Language.

Balzer-Martin Preschool Screening – Parent/Caregiver Questionnaire

- Frequent ear infections, sinus infections, strep.
- Allergies (please specify): \_\_\_\_\_
- Serious illness or injury.

***Please check all that apply to what your child eats:***

- Meat
- Poultry
- Fish
- Eggs
- Yogurt
- Fruits
- Vegetables
- Grains
- Cheese
- Child craves sweets
- Does not care for hard or crunchy foods
- What does s/he drink? \_\_\_\_\_

***Please share any other characteristics of your child which you think would be appropriate for us to know.***

---

---

---

---