THE THERAPY SPOT

5 YR + DEVELOPMENTAL SCREENING QUESTIONNAIRE

Child's Name: _____ Date of Birth: _____

Please indicate whether your child (5 yrs. or older) demonstrates any of the following:

SPEECH & LANGUAGE

	YES
1. Unable to produce most speech sounds correctly	☐
2. Difficulty following/understanding directions	☐
3. Difficulty answering wh- questions, including hypothetical situations	☐
4. Any speech pattern, including stuttering, that causes embarrassment or frustration	☐
5. Difficulty with conversational skills—initiating, turn taking	☐
6. Difficulty with reading comprehension	☐
7. Frequent drooling	☐
8. Difficulty using appropriate pronouns (he/she) and verb tense (walk/walked)	☐

SENSORY, SOCIAL EMOTIONAL & BEHAVIOR

9. Difficulty playing with same aged peers or following rules of a game	☐
10. More active than other kids-- frequently moving, rocking, fidgeting, spinning	☐
11. Extreme fears or anxiety that interfere with daily routine	☐
12. Difficulty with transitions, changes in routine, or easily frustrated	☐
13. Picky eater-- particular about food tastes/textures/brands	☐
14. Covers ears in loud environments or seems to not hear when name is called	☐
15. Tendency to be rough during play or unintentionally hurting others	☐
16. Avoids moving toys on playground or having feet off the ground	☐
17. Avoids getting hands messy	☐
18. Bothered by certain clothing or often touches objects/people to the point of irritation	☐
19. Needs significant support to recover when upset	☐
20. Has frequent tantrums	☐
21. Difficulty identifying left vs. right sides of the body	☐

MOTOR SKILLS

22. Writing is illegible, or child produces written work very slowly	☐
23. Difficulty cutting out a circle or other simple shapes	☐
24. Difficulty with buttons, snaps, zippers, or shoe tying	☐
25. Difficulty getting dressed (socks, shoes, shirts, etc.)	☐
26. Needs physical assist or verbal cues for basic self-care tasks (wash hands, brush teeth, use fork/spoon)	☐
27. Appears clumsy, uncoordinated, (falling, tripping) or bumps into people/objects	☐
28. Slumped posture or tires easily when holding a particular position/posture	☐
29. Difficulty catching, throwing, or kicking a ball	☐
30. Difficulty with bike riding, pumping a swing	☐

TOTAL 'YES' RESPONSES: _____

*Send completed forms to **info@therapyspotmi.com** or fax to **(248) 457-5490** and a therapist will review your responses and contact you regarding the results within 3 business days. Typically, 2 or more "yes" responses in your child's age category would indicate need for further evaluation. Our therapists are available by phone to quickly determine what type of evaluation your child will benefit from, or if no further evaluation is needed. Currently receiving school therapy services? Your child could still benefit from one to one private therapy. Questions? Contact us at **248-893-6192** or **info@therapyspotmi.com***