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Patient Name: _____ DOB: _____

Please put a check mark **X on the blank of each item that applies to your child:**

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 to be 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.
- 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 fasteners 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.
- My child has difficulty making friends (overly aggressive or passive/ withdrawn).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.

Signature

Printed Name

Relationship to Patient

Date