

Adeena Pelberg
Holistic Educational Solutions
Educational, Neurodevelopmental, and Neuro-Rehabilitative Services
410-493-6219
Optimizing Function and Performance in Life

Please complete the following as accurately as possible:

Date _____

Name of Child _____ Age _____ Sex _____

Address _____

Mother's Name _____ Telephone _____

Father's Name _____ Telephone _____

Email _____

Please Circle One: Right-Handed Left-Handed

What was your labor and delivery like with this child?

- Very long and protracted
- Very fast and baby came "flying out"
- A mixture of both _____

Comments: _____

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Birth Weight _____ **Please Circle One:** Born Full Term

Born Prematurely

If born prematurely, which week? _____

Problems during delivery? Caesarean? Other complications?

Problems after delivery? Incubator? Icterus (jaundice)? Other?

What are your main concerns?

Infant Period 0-18 Months. Please Circle Yes or No. Describe Particulars:

High Fever NO YES _____

Convulsions NO YES _____

Strong Reaction to Vaccinations NO YES _____

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Walked before 10 months	NO	YES	_____
Walked after 15 months	NO	YES	_____
Began to speak after 18 months	NO	YES	_____
Screamed a lot, difficulties to sleep.....	NO	YES	_____
Strikingly sluggish, inactive.....	NO	YES	_____
Feeding problems	NO	YES	_____
Frequent ear infections	NO	YES	_____
Crawling on hands and knees	NO	YES	_____
Sliding on buttocks	NO	YES	_____
Child moved by rolling	NO	YES	_____
'Bunny hopped' instead of crawled	NO	YES	_____
Leg trailed behind when crawling	NO	YES	_____

Childhood 18 Months – 9 Years. Please Circle YES or NO. Describe Particulars:

Difficulties with toilet training	NO	YES	_____
Bed-wetting/soiling after age 5	NO	YES	_____
Problems learning to hop on one leg	NO	YES	_____
Problems learning to ride a bicycle	NO	YES	_____
Allergies	NO	YES	_____

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Was there a defiant period at the age of two or three years?

Normal? Marked? Slight? None at all? _____

Give a description of any of the following problems:

Vision problems	NO	YES	_____
Eyeglasses	NO	YES	_____
Squinting	NO	YES	_____
Vision training	NO	YES	_____
Dyslexia	NO	YES	_____
When seated, wraps legs around chair legs or around other leg	NO	YES	_____
Falls out of chair	NO	YES	_____
“W” Sits	NO	YES	_____
Routinely sits on feet/legs	NO	YES	_____
Symmetrical body movements?	NO	YES	_____
Walks with clenched hands	NO	YES	_____
Walks with clenched toes	NO	YES	_____
Flat footed.....	NO	YES	_____
Puts head down with bottom up	NO	YES	_____

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Rocks self on head	NO	YES	_____
Plays with hair	NO	YES	_____
Cracks knuckles	NO	YES	_____
Drools or pool/pockets food in mouth	NO	YES	_____
Difficulty learning to sit as a baby	NO	YES	_____
Difficulty getting in/out of seated position as baby...	NO	YES	_____
Sat as a baby with slumped posture	NO	YES	_____
Sits/stands with slumped posture now	NO	YES	_____
Hyperactivity.....	NO	YES	_____
Poor Coordination across//crossing midline of body	NO	YES	_____
Slow processing speed/slow study pace	NO	YES	_____
Sensitivity to smells, esp. smoke, perfumes, coffee	NO	YES	_____
Dislike of change	NO	YES	_____
Turns paper and writes on long side	NO	YES	_____
Obsessive-Compulsive (either diagnosed or not)...	NO	YES	_____
Upper arm weakness/difficulties raising arms.....	NO	YES	_____
Headaches	NO	YES	_____
Craves sweets	NO	YES	_____
Difficulty using knife and fork/scissors	NO	YES	_____
Difficulties with sleep routine	NO	YES	_____
Anything else?	NO	YES	_____

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How is your child coping with school? _____

Present Challenges.

Please Circle the Degree of Problems on a Scale Between 0 and 5.

0 = no problem 5 = very great problems; impossible

Does not like tight clothes	0	1	2	3	4	5
Ticklish	0	1	2	3	4	5
Tires easily when standing	0	1	2	3	4	5
Problems sitting still	0	1	2	3	4	5
Fear of the dark, anxiousness	0	1	2	3	4	5
Overly sensitive to sounds	0	1	2	3	4	5
Overly sensitive to light	0	1	2	3	4	5
Overly sensitive to touch	0	1	2	3	4	5
Motion sickness	0	1	2	3	4	5
Bad posture, hunched	0	1	2	3	4	5
Slouches over table when writing	0	1	2	3	4	5
Poor balance	0	1	2	3	4	5
Overly flexible joints	0	1	2	3	4	5

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Challenges in holding up head	0	1	2	3	4	5
Clumsy and uncoordinated	0	1	2	3	4	5
Difficulty jumping	0	1	2	3	4	5
Difficulties in catching balls	0	1	2	3	4	5
Difficulties in throwing balls	0	1	2	3	4	5
Challenges in kicking a ball	0	1	2	3	4	5
Walks on toes rather than heel-ball-toe	0	1	2	3	4	5
Grinds teeth	0	1	2	3	4	5
Mouths movements when writing/using scissors	0	1	2	3	4	5
Difficulty opening hands completely	0	1	2	3	4	5
Problems doing up buttons	0	1	2	3	4	5
Problems tying shoe laces	0	1	2	3	4	5
Problems learning to write	0	1	2	3	4	5
Poor handwriting	0	1	2	3	4	5
Difficulties holding a pen correctly	0	1	2	3	4	5
Excessive pressure when writing	0	1	2	3	4	5
Hard to express self in writing	0	1	2	3	4	5
Difficulties copying	0	1	2	3	4	5
Transposes letters (e.g. "learn" becomes "laern")	0	1	2	3	4	5

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Problems learning to read	0	1	2	3	4	5
Difficulty rhyming	0	1	2	3	4	5
Had difficulties in learning the letters	0	1	2	3	4	5
Confuses letters like “b” and “d”	0	1	2	3	4	5
Finds reading hard	0	1	2	3	4	5
Reading aloud is difficult	0	1	2	3	4	5
Lack of endurance while reading; tires quickly	0	1	2	3	4	5
Difficulty concentrating when reading	0	1	2	3	4	5
The text hops or becomes blurred	0	1	2	3	4	5
Problems keeping place while reading	0	1	2	3	4	5
Gets a headache when reading	0	1	2	3	4	5
Itchy or irritated eyes when reading	0	1	2	3	4	5
Poor reading comprehension	0	1	2	3	4	5
Problems spelling	0	1	2	3	4	5
Difficulties learning/doing the breast stroke	0	1	2	3	4	5
Difficulties learning/doing somersaults	0	1	2	3	4	5
Poor endurance and stamina	0	1	2	3	4	5
Problems with focus/attention/concentration	0	1	2	3	4	5
Unobtrusive, passive, apathetic	0	1	2	3	4	5
Shyness; problems asserting oneself	0	1	2	3	4	5

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Over-active	0	1	2	3	4	5
Oscillates between over-activity and passivity	0	1	2	3	4	5
Acts on impulse	0	1	2	3	4	5
Problems with foresight and planning	0	1	2	3	4	5
Difficulty with word retrieval	0	1	2	3	4	5
Difficulty relating events in order	0	1	2	3	4	5
Difficulty in drawing/writing an eight	0	1	2	3	4	5
Fits of emotions	0	1	2	3	4	5
Easily disturbed	0	1	2	3	4	5
Immature	0	1	2	3	4	5
Problems playing with other children; gets into conflict	0	1	2	3	4	5
Doesn't have many friends/enjoy playdates	0	1	2	3	4	5
Bullies others	0	1	2	3	4	5
Frequently feels picked on	0	1	2	3	4	5
Stutters in speech	0	1	2	3	4	5
Challenges with correct pronunciation	0	1	2	3	4	5
Poor articulation	0	1	2	3	4	5
Late to talk	0	1	2	3	4	5
Difficulty in understanding and following instructions	0	1	2	3	4	5
Often says "What?"	0	1	2	3	4	5