

Infants and Toddlers Checklist (Birth to Age Two)

The following checklist, provided by the Occupational Therapy Associates—Watertown, P.C., will provide you with a very detailed evaluation of sensory integration issues. If the child demonstrates behaviors associated with sensory integration dysfunction (DSI), it may be necessary to seek further information through evaluation by a qualified occupational or physical therapist.

Child's Name: _____ Date: _____

Check areas of difficulty: underline specific problems and star (*) prominent difficulties. If child has overall difficulty in one category or shows several items in three or more categories, this may indicate a need for an occupational therapist evaluation.

Does the child exhibit the following behaviors?	Yes, frequently	Sometimes	Never	Comments
Dressing, Bathing, Touch				
1. Distressed when diapered or when diaper needs changing.				
2. Prefers certain clothing, complains that certain garments are too tight or itchy (for infants over 15 months).				
3. Distressed by having hair or face washed, or bathing.				
4. Distressed when clothes removed.				
5. Resists cuddling, pulls away or arches.				
6. Doesn't notice pain when falling, bumping, or when the doctor gives shots.				
7. Dislikes messy play.				
Movement				
1. In constant motion, rocking, running about, unable to sit still for an activity.				
2. Absent or brief crawling before walking (over 1 year).				
3. Distressed by being swung in air, swings, merry-go-rounds, car rides.				
4. Craves swinging and moving upside down.				
5. Clumsy, falling, poor balance, bumps into things (over 1 year).				
6. Fearful or hesitancy moving over changing surfaces (e.g., sidewalk to grass, carpet to wood floor).				

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Does the child exhibit the following behaviors?	Yes, frequently	Sometimes	Never	Comments
Listening, Language, and Sound				
1. Distressed by common sounds (e.g., music, singing, vacuuming, flushing toilet, raised voices).				
2. Doesn't respond to verbal cues (hearing not a problem over 1 year).				
3. None or very little vocalizing or babbling.				
4. Distracted by sounds not normally noticed by average person (e.g., furnace, refrigerator).				
Looking and Sight				
1. Sensitive to bright lights, cries or closes eyes.				
2. Avoids eye contact, turns away from the human face.				
3. Becomes overly excited or falls asleep in crowded, bustling settings such as a crowded supermarket, restaurant (over 1 year).				
4. Cannot pay attention with more than one toy or food item in view.				
Play Abilities				
1. Does not show ability for imitative play (older than 10 months).				
2. Wanders around aimlessly without focused exploration or purposeful play (over 15 months).				
3. Easily breaks toys and other things destructively (over 15 months).				
4. Needs total control of the environment ("runs the show").				
5. Amuses self appropriately for brief periods of time.				
6. Engages in repetitive play for long periods of time.				

Does the child exhibit the following behaviors?	Yes, frequently	Sometimes	Never	Comments
Emotional Attachment/ Emotional Functioning				
1. Prefers to play more with objects and toys than with people.				
2. Does not interact reciprocally (back and forth exchanges with caregiver).				
3. Hurts self or others (e.g., head banging, biting, or pinching).				
4. Everyone has difficulty understanding the child's cues or emotions.				
5. Does not seek connection with familiar persons.				
Self-Regulation				
1. Excessively irritable, fussy, colicky				
2. Can't calm self effectively by sucking on pacifier, looking at toys, or listening to caregiver (10 months and older).				
3. Can't change from one activity to another or from sleeping to awake without distress.				
4. Must be prepared in advance several times before change is introduced.				
Attention				
1. Easily distractible, fleeting attention				
2. Over focuses on one activity (e.g., TV, trains, wheels).				
3. Too distracted to stay seated for meals.				

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Does the child exhibit the following behaviors?	Yes, frequently	Sometimes	Never	Comments
Eating, Sleeping				
1. Requires extensive help to fall asleep or wake up. Specify: rocking, long walking, stroking hair or back, car ride.				
2. Extreme food preferences for extended time periods.				
3. Excessive drooling beyond teething stage.				
4. Difficulty with sucking, chewing, or swallowing.				

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How concerned are you about the above checked problems? Not concerned Slightly Moderately Very

Questions/Comments:

Child's Name: _____ Birth Date: _____ Age: _____

Date Completed: _____ Parents' Name(s): _____ Phone: _____

Name of Case Manager/Therapist/Teacher: _____

Name of Early Intervention/Preschool: _____



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