



Pyramid of Learning (Williams and Shellenbeger, 1-4)

©Taylor/Trott 1991

# IS THIS YOUR CHILD?



## CAN Do Kids

1950 Keene Rd. Ste B, Richland, Wa 99352

Phone: 509-392-3773 fax: 509-769-5182

melissaporcaro@campcankids.com campcankids.com

# CAN Do Kids

1950 Keene Rd. Ste B, Richland, Wa 99352

Phone: 509-392-3773 fax: 509-769-5182

melissaporcaro@campcankids.com campcankids.com



yes no unsure

Tactile Sense: input from the skin receptors about touch, pressure, temperature, pain, and movement of the hairs on the skin.

### Signs Of Tactile Dysfunction: Hypersensitivity To Touch (Tactile Defensiveness):

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Objects to being touched or cuddled  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pefers to touch rather than being touched  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | May want to wear long sleeve shirts and long pants year round to avoid having skin exposed         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Distressed about having hair, toenails, or fingernails cut   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complains about having hair brushed; may be very picky about using a particular brush              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Distressed by seams in socks and may refuse to wear them   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dislikes kisses, will "wipe off" place where kissed  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Avoids walking barefoot on grass or sand   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reacts negatively to the feel of new clothes   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Becomes angry easily   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plays rough with other children  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Seems uncomfortable in crowds  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | avoids/dislikes "messy play", i.e., sand, mud, water, glue, glitter, playdoh, slime, shaving cream |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | may walk on toes only  |

### Hyposensitivity To Touch (Under-Responsive):

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | may crave touch, needs to touch everything and everyone                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | is not aware of being touched/bumped unless done with extreme force or intensity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | not bothered by injuries (cuts and bruises), shows no distress with shots        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | may be self-abusive; pinching, biting, or banging his own head                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | mouths objects excessively   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | frequently hurts other children or pets while playing                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | seeks out surfaces and textures that provide strong tactile feedback             |

### Poor Tactile Perception And Discrimination:

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | difficulty with fine motor tasks such as buttoning, zipping, and fastening clothes        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | may not be able to identify which part of their body was touched if they were not looking |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | has difficulty using scissors, crayons, or silverware                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | continues to mouth objects to explore them even after age two                             |

Vestibular Sense: input from the inner ear about equilibrium, gravitational changes, movement experiences, and position in space.

### Signs of Vestibular Dysfunction: Hypersensitivity To Movement (Over-Responsive):

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | avoids/dislikes playground equipment; i.e., swings, ladders, slides, or merry-go-rounds |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | fearful of feet leaving the ground  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | fearful of going up or down stairs or walking on uneven surfaces                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | loses balance easily and may appear clumsy  |

### Hyposensitivity To Movement (Under-Responsive):

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | in constant motion, can't seem to sit still   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | could spin for hours and never appear to be dizzy   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | loves the fast, intense, and/or scary rides at amusement parks  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | always jumping on furniture, trampolines, spinning in a swivel chair, or getting into upside down positions |

### Poor Muscle Tone And/Or Coordination:

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | has a limp, "floppy" body  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | frequently slumps, lies down, and/or leans head on hand or arm while working at desk                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | difficulty simultaneously lifting head, arms, and legs off the floor while lying on stomach ("superman") |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | often sits in a "W sit" position on the floor to stabilize body  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | fatigues easily!   |

Proprioceptive Sense: input from the muscles/joints about body position, weight, pressure, stretch, movement, and changes in position in space.

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | seeks out jumping, bumping, and crashing activities                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | prefers clothes (and belts, hoods, shoelaces) to be as tight as possible |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | loves/seeks out "squishing" activities                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | loves "roughhousing" and tackling/wrestling games                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | chews on pens, straws, shirt sleeves etc.                                |

### Difficulty With "Grading Of Movement":

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | difficulty regulating pressure ie. writing/drawing; too light/ hard the tip of writing utensil breaks |
|--------------------------|--------------------------|--------------------------|---|

Child Name:

Date of Birth:

CA:

**CAN Do Kids**

1950 Keene Rd. Ste B, Richland, Wa 99352

Phone: 509-392-3773 fax: 509-769-5182

melissaporcaro@campcankids.com campcankids.com



Yes no unsure

- 0 0 0 written work is messy and he/she often rips the paper when erasing
- 0 0 0 always seems to be breaking objects and toys
- 0 0 0 touches everything with too much force; i.e., walking, slamming doors, pressing things hard

**Auditory Sense: Hearing**

**Signs of Auditory Dysfunction: Hypersensitivity To Sounds (Auditory Defensiveness):**

- 0 0 0 has a history of ear infections
- 0 0 0 distracted by sounds not normally noticed by others; i.e., humming of lights or refrigerators, fans
- 0 0 0 fearful of the sound of a flushing toilet (esp. public bathrooms), vacuum, hairdryer, squeaky shoes, or dog barking
- 0 0 0 startled with or distracted by loud or unexpected sounds
- 0 0 0 frequently asks people to be quiet; i.e., stop making noise, talking, or singing
- 0 0 0 runs away, cries, and/or covers ears with loud or unexpected sounds

**Hyposensitivity To Sounds (Under-Registers):**

- 0 0 0 often does not respond to verbal cues or to name being called
- 0 0 0 appears to "make noise for noise's sake"
- 0 0 0 seems to have difficulty understanding or remembering what was said
- 0 0 0 needs directions repeated often, or will say, "What?" frequently

**Oral Sense: taste**

**Signs Of Oral Input Dysfunction: Hypersensitivity To Oral Input (Oral Defensiveness)**

- 0 0 0 picky eater, often with extreme food preferences; i.e., limited repertoire of foods, picky about brands,
- 0 0 0 may gag with textured foods
- 0 0 0 has difficulty with sucking, chewing, and swallowing; may choke or have a fear of choking
- 0 0 0 dislikes or complains about toothpaste and mouthwash

**Hyposensitivity To Oral Input (Under-Registers):**

- 0 0 0 excessive drooling past the teething stage
- 0 0 0 frequently chews on hair, shirt, or fingers
- 0 0 0 constantly putting objects in mouth past the toddler years

**Olfactory Sense: Smell**

**Signs of Olfactory Dysfunction(smells): Hypersensitivity To Smells (Over-Responsive)**

- 0 0 0 reacts negatively to, or dislikes smells which do not usually bother, or get noticed, by other people
- 0 0 0 tells other people (or talks about) how bad or funny they smell
- 0 0 0 refuses to eat certain foods because of their smell
- 0 0 0 bothered/irritated by smell of perfume or cologne
- 0 0 0 bothered by household or cooking smells

**Hyposensitivity To Smells (Under-Responsive):**

- 0 0 0 has difficulty discriminating unpleasant odors
- 0 0 0 makes excessive use of smelling when introduced to objects, people, or places
- 0 0 0 uses smell to interact with objects

**Visual Sense: Seeing**

**Signs Of Visual Input Dysfunction Hypersensitivity To Visual Input (Over-Responsive)**

- 0 0 0 has a diagnosed visual problem
- 0 0 0 sensitive to bright lights; will squint, cover eyes, cry and/or get headaches from the light
- 0 0 0 has difficulty keeping eyes focused on task/activity he/she is working on for an appropriate amount of time
- 0 0 0 easily distracted by other visual stimuli in room; i.e., movement, decorations, toys, windows, doorways .
- 0 0 0 has difficulty in bright colorful rooms or a dimly lit room
- 0 0 0 holds head too close to paper or to one side
- 0 0 0 avoids eye contact
- 0 0 0 enjoys playing in the dark

**Hyposensitivity To Visual Input (Under-Responsive):**

- 0 0 0 has difficulty telling the difference between similar printed letters or figures; i.e., p & q, b & d, + and x,
- 0 0 0 has difficulty locating items among other items; i.e., papers on a desk, clothes in a drawer,
- 0 0 0 often loses place when copying from a book or the chalkboard
- 0 0 0 difficulty controlling eye movement to track and follow moving objects
- 0 0 0 makes reversals in words or letters when copying, or reads words backwards; i.e., "was" for "saw"
- 0 0 0 difficulty with consistent spacing and size of letters during writing and/or lining up numbers in math problems

Child Name:

Date of Birth:

CA:

**CAN Do Kids**

1950 Keene Rd. Ste B, Richland, Wa 99352

Phone: 509-392-3773 fax: 509-769-5182

melissaporcaro@campcankids.com campcankids.com



Yes	no	unsure	
0	0	0	tends to write at a slant (up or down hill) on a page
0	0	0	confuses left and right
0	0	0	fatigues easily with schoolwork

**Auditory Sense: Hearing**

**Auditory-Language Processing Dysfunction**

0	0	0	unable to locate the source of a sound
0	0	0	difficulty discriminating between sounds/words; i.e., "dare" and "dear"
0	0	0	difficulty filtering out other sounds while trying to pay attention to one person talking
0	0	0	bothered by loud, sudden, metallic, or high-pitched sounds
0	0	0	often talks out of turn or "off topic"
0	0	0	if not understood, has difficulty re-phrasing; may get frustrated, angry, and give up
0	0	0	difficulty reading, especially out loud (may also be dyslexic)
0	0	0	difficulty articulating and speaking clearly

**Social**

0	0	0	difficulty getting along with peers
0	0	0	prefers playing by self with objects or toys rather than with people
0	0	0	does not interact reciprocally with peers or adults; hard to have a "meaningful" two-way conversation
0	0	0	self-abusive or abusive to others
0	0	0	others have a hard time interpreting child's cues, needs, or emotions

**Emotional:**

0	0	0	difficulty accepting changes in routine (to the point of tantrums)
0	0	0	gets easily frustrated
0	0	0	often impulsive
0	0	0	functions best in small group or individually
0	0	0	variable and quickly changing moods; prone to outbursts and tantrums
0	0	0	avoids eye contact

**Self-Regulation:**

0	0	0	excessive irritability, fussiness or colic as an infant
0	0	0	can't calm or soothe self through pacifier, comfort object, or caregiver
0	0	0	can't go from sleeping to awake without distress
0	0	0	requires excessive help to fall asleep; i.e., rubbing back or head, rocking, long walks, or car rides

Any additional comments:

---



---



---



---

Child Name:

Date of Birth:

CA: