

Fitness Made Fun Inc.

CONSENT

I am granting consent for my child, _____,
to receive sensory, fine motor and gross motor skill screenings at the Downtown Jewish
Center

Parent/Guardian Signature

Date

QUESTIONNAIRE

Child's Date of Birth: _____

Phone Numbers: (home) _____

(cell) _____

Do you have any specific concerns? _____NO _____YES (please explain)

Does your child have a medical diagnosis or history of ear infections?

_____NO _____YES (please explain) _____

Do you have a family history of speech or language difficulties? _____NO _____YES

Does your child have any allergies (i.e. food or latex)?

_____NO _____YES (please explain) _____

Does your child enjoy playing with other children? _____NO _____YES

Does your child have frequent temper tantrums? _____NO _____YES

Does your child have difficulty with transitioning between activities? _____NO _____YES

Does your child have difficulty eating a variety food textures or temperatures?

_____NO _____YES (please explain) _____

Does your child have difficulty touching or tolerating different textures? (i.e. tags on
cloths, socks, sand, glue, paint, play-doh, etc.) _____NO _____YES

Does your child have difficulty tolerating loud noises or noisy environments?

_____NO _____YES (please explain) _____

Does your child experience car or motion sickness? _____NO _____YES

Does your child have a hard time sitting still? _____NO _____YES

Does your child seem to be uncoordinated or clumsy? _____NO _____YES

Has your child demonstrated hand dominance (right or left)? _____NO _____YES

Does your child hold a writing utensil correctly? _____NO _____YES

Can your child color within the lines or close to the lines? _____NO _____YES