

# San Antonio



A NON-PROFIT MOTOR BEHAVIOR PROGRAM

11985 Starcrest  
San Antonio, Texas 78247  
Phone (210) 545-2840-4110  
FAX (210) 545-6132  
Email sabusybodies@satx.rr.com

## MEDICAL, DEVELOPMENTAL, AND EDUCATIONAL HISTORY

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have Natural Parents Been Separated Or Divorced? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes Who Has Custody of The Child: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Referred By: \_\_\_\_\_

Physician Referral: \_\_\_\_\_

Indicate The Primary Reason For This Referral: \_\_\_\_\_

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Have any other family member's experienced the same difficulty described above? If "Yes", Explain.

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY**

If your child has ever experienced any of the following, please check those items. For areas needing more explanation, include this in the space provided.

<input type="checkbox"/> Allergies	<input type="checkbox"/> Behavioral problems	<input type="checkbox"/> Wears hearing aid
<input type="checkbox"/> Ear infections	<input type="checkbox"/> Seizures	<input type="checkbox"/> Serious injury
<input type="checkbox"/> Neurological problems	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Serious illness
<input type="checkbox"/> Muscular coordination problems	<input type="checkbox"/> Speech problems	<input type="checkbox"/> ADD
<input type="checkbox"/> Sensory Integration dysfunction	<input type="checkbox"/> Language disorder	<input type="checkbox"/> ADHD
<input type="checkbox"/> Orthopedic problems	<input type="checkbox"/> Learning differences	<input type="checkbox"/> On medication
<input type="checkbox"/> Emotional problems	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Unusual sleep habits
	<input type="checkbox"/> Wears corrective lens	<input type="checkbox"/> Other problems
	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/>

EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT SPECIALISTS HAVE EXAMINED YOUR CHILD?**

NAME:

DATE:

RESULTS:

Neurologist \_\_\_\_\_

Family Physician \_\_\_\_\_

Pediatrician \_\_\_\_\_

Ophthalmologist \_\_\_\_\_

Optometrist \_\_\_\_\_

Ear/Nose/Throat \_\_\_\_\_

Allergist \_\_\_\_\_

Psychiatrist \_\_\_\_\_

Psychologist \_\_\_\_\_

Physical Therapist \_\_\_\_\_

Occupational Therapist \_\_\_\_\_

Other: \_\_\_\_\_

**DEVELOPMENTAL MILESTONES**

Below is a list of developmental milestones with the age if normal achievement given. Please check if your child's progress was early, average, or late. Use NA for those items that do not apply to your child.

DEVELOPMENTAL MILESTONES	EARLY	AVERAGE	LATE
Rolled over (3 - 4 months)			
Sat up without assistance (5 - 7 months)			
Crawled (6 - 9 months)			
Stood holding onto furniture (8 - 10 months)			
Walked unassisted (11 - 13 months)			
Fed self with hands (6 - 8 months)			
Fed self with spoon (10 - 14 months)			
Talked single words (12 - 15 months)			
Talked short sentences (18 - 24 months)			
Dressed self with assistance (3 years)			
Dressed self (5 years)			
Pedaled tricycle (3 years)			
Pedaled bicycle with training wheels (4 - 5 years)			
Pedaled bicycle (5 - 6 years)			

**OTHER COMMENTS ABOUT YOUR CHILD'S DEVELOPMENT**

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**DESCRIPTION OF CHILD**

Please check all of the words below which best describe your child as you see him or her.

<input type="checkbox"/> Self confident	<input type="checkbox"/> Completes work	<input type="checkbox"/> Disturbs others
<input type="checkbox"/> Happy	<input type="checkbox"/> Friendly	<input type="checkbox"/> Outgoing
<input type="checkbox"/> Irresponsible	<input type="checkbox"/> Difficult	<input type="checkbox"/> Sad
<input type="checkbox"/> Clumsy	<input type="checkbox"/> Positive	<input type="checkbox"/> Messy
<input type="checkbox"/> Stubborn	<input type="checkbox"/> Easy going	<input type="checkbox"/> Laughs easily
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Can't sit still	<input type="checkbox"/> Day dreams
<input type="checkbox"/> Fun	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Awkward
<input type="checkbox"/> Distractible	<input type="checkbox"/> Tries patience	<input type="checkbox"/> Neat
<input type="checkbox"/> Unusual fears	<input type="checkbox"/> Dependable	<input type="checkbox"/> Uncooperative
<input type="checkbox"/> Strong temper	<input type="checkbox"/> Sucks thumb	<input type="checkbox"/> Bites nails
<input type="checkbox"/> Works hard	<input type="checkbox"/> Likes teacher	<input type="checkbox"/> Good in games or sports
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Lazy	<input type="checkbox"/> Good balance
<input type="checkbox"/> Loses things	<input type="checkbox"/> Gives up easily	<input type="checkbox"/> Does well in school
<input type="checkbox"/> Sloppy handwriting	<input type="checkbox"/> Defiant	<input type="checkbox"/> Moody
<input type="checkbox"/> Unwilling to try new things	<input type="checkbox"/> Enjoys going to school	<input type="checkbox"/> Doesn't understand deadlines

OTHER COMMENTS:

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**EDUCATIONAL HISTORY**

According to your observation and teacher reports, please check the items below that best describe your child's school behavior and progress. Use *NA* for those items that do not apply to your child. Evaluate your child's ability to:

<b>EDUCATIONAL TASKS</b>	<b>ABOVE AVERAGE</b>	<b>AVERAGE</b>	<b>POOR</b>
Listens to directions			
Follows directions			
Keeps attention on task			
Slow to start and complete tasks			
Functions well in the classroom environment			
Completes written assignments on time			
Recognizes and knows the alphabet			
Cuts using scissors			
Writes in manuscript			
Writes in cursive			
Writes legibly			
Ability to copy from chalkboard or book			
Gets along with classmates			
Participate in games and or sports			
Reading ability			
Mathematical skills ability			
Oral spelling ability			
Written spelling ability			

Has your child received any additional services (within the school or privately) such as tutoring, special education, occupational therapy, physical therapy, or speech therapy? If "Yes", please explain.

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<b>Behavior of Child</b>	<b>Not at all</b>	<b>Just a Little</b>	<b>Pretty Much</b>	<b>Very Much</b>
Sits fiddling with small objects				
Hums and makes other odd noises				
Falls apart under stress of examination				
Poor coordination				
Restless or overactive				
Excitable				
Inattentive				
Difficulty in concentrating				
Oversensitive				
Overly serious or sad				
Sullen or sulk				
Has difficulty sharing/taking turns				
Disturbs other children				
Quarrelsome				
Tattles				
Smart alec behavior				
Destructive				
Takes things without permission				
Lies				
Temper outbursts				

<b>Group Participation</b>	<b>Not at all</b>	<b>Just a Little</b>	<b>Pretty Much</b>	<b>Very Much</b>
Isolates himself				
Unaccepted by group				
Appears to be easily led				
No sense of fair play				
Appears to lack leadership				
Does not get along with opposite sex				
Does not get along with same sex				
Teases or interferes with others				
<b>Attitude Toward Authority</b>	<b>Not at all</b>	<b>Just a Little</b>	<b>Pretty Much</b>	<b>Very Much</b>
Disrespectful				
Defiant				
Rude				
Shy				
Fearful				
Demands for attention				
Stubborn				
Overly anxious				
Uncooperative				
Questions authority				

<b>Inattention</b>	<b>Not at all</b>	<b>Just a Little</b>	<b>Pretty Much</b>	<b>Very Much</b>
Confuses the details of games and stories				
Needs a calm, quiet atmosphere in order to work or concentrate				
Doesn't finish what he/she starts (a book, puzzle, etc.)				
Hears, but doesn't seem to listen				
Has difficulty concentrating or paying attention unless on 1:1 structured situation				
Asks to have things repeated				
Is easily distracted				
Has difficulty concentrating on schoolwork or other tasks requiring sustained attention				
Often doesn't seem to listen				
Often fails to finish things he/she starts				
Has difficulty sticking to a play activity				

<b>Activity</b>	<b>Not at all</b>	<b>Just a Little</b>	<b>Pretty Much</b>	<b>Very Much</b>
Is always "on the go"				
Acts as if "driven by a motor"				
Has difficulty remaining seated when required to do so				
Often fidgets with hands or feet or squirms in seat				
Does things in a loud or noisy way				
Must always be doing something or he/she becomes fidgety				
Moves about excessively during sleep				

<b>Impulsivity</b>	<b>Not at all</b>	<b>Just a Little</b>	<b>Pretty Much</b>	<b>Very Much</b>
Disrupts other children				
Has difficulty waiting turn in games or group situations				
Talks excessively				
Calls out in class, makes noises in class				
Often acts before thinking				
Shifts excessively from one activity to another				
Has difficulty organizing work				
Needs a lot of supervision				
Often interrupts or intrudes on others				
Often blurts out answers to questions before they have been completed				

**SAN ANTONIO**



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[www.sabusbodies.org](http://www.sabusbodies.org)

## San Antonio Busy Bodies, Inc. Photo Release Form

We like to take pictures and video of the children engaged in various activities here at San Antonio Busy Bodies. These pictures tell a story about the fun learning experiences that we have to offer, and helps us spread the word about San Antonio Busy Bodies.

Photographs and videos of your child/children participating in activities her at San Antonio Busy Bodies are used for brochures, news articles, workshops, social media, and our website. We respect the privacy of your child so **no names or descriptions of the child will be provided.**

Please mark your Photo Release preference below.

Thank You!

San Antonio Busy Bodies

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*Please check one of the following and sign:*

- I hereby give permission for pictures/video of my child to be taken and potentially used the promotion of San Antonio Busy Bodies. These pictures may be in print form or on the San Antonio Busy Bodies website. ([www.sabusbodies.org](http://www.sabusbodies.org)).
- I hereby do not give permission for my child's pictures/video to be used for promotion of San Antonio Busy Bodies.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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Signature of Parent/Guardian



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## Payment Options

We are excited to provide a new payment option to make payments easier for our clients. You now have the option to safely store a Credit Card on file with us. Your card will be charged the 1<sup>st</sup> or the 1<sup>st</sup> and 4<sup>th</sup> week of programming your child is enrolled. Please mark your preferred method of payment and sign below. If you are choosing an Automated Option please fill out the credit card information below.

### Automated Options

- Please charge my card on file, the full amount, the first week of the six week programming my child is enrolled.
- Please charge my card on file, a ½ amount the first week and a ½ amount the 4<sup>th</sup> week of six week programming my child is enrolled.

### In Person Options

- I prefer to make payments in person on the first week or the 1<sup>st</sup> and 4<sup>th</sup> week of the six week programming my child is enrolled.

I understand that **if programming is not paid in full by the 4<sup>th</sup> week** a \$25 late fee will be applied to my bill on the 5<sup>th</sup> week and every additional 30 days the bill is outstanding.

I agree to the above payment policy.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Email \_\_\_\_\_

Statements and Receipts will be sent to this email.

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Credit Card information to save on file:

Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
0000 0000 0000 0000 MM/YYYY

CVV \_\_\_\_\_ Postal Code/Zip \_\_\_\_\_  
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