



**BRIDGES at The Therapy Place
DEVELOPMENTAL SCREEN**

Basic Contact Information:

Child's Name	
Child's DOB	
Parent's Name	
Mailing Address	
Email Address	
Phone Number	
How did you hear about the Bridges program?	

Medical Screening:

Does your child have any of the following concerns:

Child's Diagnosis/es			
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Type I <input type="checkbox"/> Type II
Gastric feeding tube	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tracheotomy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Allergies (Food or otherwise)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list:
Controlled or uncontrolled seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Check here if history of seizures. Date of last seizure: Medications used for seizures management: Procedures when child has a seizure:
Other health/medical conditions that require special attention or medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Developmental Screening:

Gross Motor

Additional Comments

Sits unassisted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Crawls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stands unsupported	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Walks unassisted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses assistance to walk/move (gait trainer, AFOs, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list:

Fine Motor

Grasps hand-size object with right hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Grasps hand-size object with left hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Grasps pea-size object with right hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Grasps pea-size object with left hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Adaptive/Self-Help

Bites and chews hard & chewy foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Drinks from cup or glass unassisted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, what does child use? (bottle, sippy cup, etc.):
Eats with fork/spoon unassisted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Eats with fingers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lets others know when he/she has to potty	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses toilet unassisted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Indicates awareness of soiled/wet diaper/pants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Food aversions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Communication

Babbles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Points or gestures appropriately	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses signs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses words	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How does your child primarily get his/her wants/needs met? (words, signs, pointing, etc.)			

Cognitive

Recognizes own name	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Carries out one-step directions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Social

Initiates & maintains interaction with familiar adult	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Initiates & maintains interaction with peer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Entertains self by playing appropriately with toys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please use area below to elaborate on your child. What are your child likes and dislikes? How does he/she get around, communicate, play? Does your child like to be around other children? What else should we know about your child?

Upon receipt of this screen, a tour will be scheduled to further discuss the Bridges Program and answer any questions.