Vancouver CoastalHealth

PARIS PRIMARY ACCESS Regional Information System

PAEDIATRIC SENSORY ASSESSMENT

Name:		**PARIS ID:**
DOB:	**Age:**	**PHN:**
Gender:		**Phone:**
Home Address:		

Date:

Reason for Assessment: ☐ Initial Assessment ☐ Reassessment ☐ Consultation Report ☐ Discharge Report

BACKGROUND INFORMATION

Background Information

- Reason for Assessment/Concerns
- Family/Social History
- Pregnancy/Birth History
- Developmental History
- Pertinent Medical History
- Surgical History
- Medical Tests
- Medical Team/PHSA Clinics
- School Team/History

DIAGNOSIS INFORMATION

Primary	Diagnosis	Diagnosis Date	Status	Source of Information	Comments

MEDICATION

Medication	Dose	Route	Frequency	Start Date	End Date	Comments

ACTIVITY & PARTICIPATION

School Observations

Where observation(s) took place:

- ☐ Classroom
- ☐ Pull Out Room
- ☐ Library
- ☐ Other, Specify
- ☐ Playground
- ☐ Bathroom
- ☐ Music Room
- ☐ Lunch Room
- ☐ Gym

PAEDIATRIC SENSORY ASSESSMENT

Name:	DOB:	PARIS ID:

Classroom Strategies

Behaviour

- Challenges
- Motivating Activities
- Calming Activities
- Triggering Activities

Communication/Cognition

Participation

- Self-Care
- Productivity
- Leisure

Emotional Regulation

Other

PAEDIATRIC SENSORY ASSESSMENT

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Standardized Assessment

BODY FUNCTIONS/ENVIRONMENT

Neurocognition

- Attention
- Behaviour
- Executive Function
- Learning New Skills

Musculoskeletal

- Posture
- Alignment
- Range of Motion
- Flexibility
- Joint Stability
- Contractures
- Strength

Neuromuscular

- Muscle Tone
- Balance
- Coordination
- Body/Spatial Awareness
- Proprioception

Sensory Systems

- Auditory
- Oral Sensory
- Vestibular
- Proprioception
- Tactile
- Visual
- Olfactory
- Interoception

PAEDIATRIC SENSORY ASSESSMENT

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Support

- Home
- School
- Community

Other

SUMMARY

- Summary of Assessment/Analysis
- Goals
- Recommendations
- Safety Concerns
- Plan

Signature and Credentials

Handouts

cc