



PROCESSING SURVEY & CHECKLIST

The programs available at the Sensory Stepping Stones clinic use the principles of neuroscience and neuroplasticity to strengthen cognitive, behavioral, emotional and memory skills. The neurological skills responsible for processing information, attention, focus and academic achievement as well as motor coordination and self-regulatory issues like impulsivity and irritability are just a few common challenges addressed with these alternative therapies. The survey below helps to indicate whether an individual has difficulty with these foundational building blocks.

The following checklist explores all processing skills - cognitive, academic/work, social-emotional, visual, auditory and sensory. Taking this survey is the first step towards improving one's processing skills. After completing this survey, please give us a call. Why wait? We'd love to help!

Please rate the individual for each statement:

Never Sometimes Frequently Always

Cognitive Skills

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Has trouble paying attention (<i>loses focus, easily distracted</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has trouble remembering things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has slow processing speed (<i>slow to complete tasks, communicate</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has trouble planning and thinking ahead | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is disorganized (<i>loses or can't find items, trouble sequencing steps to a task</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have trouble prioritizing tasks (<i>order of importance</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Procrastinates, has trouble managing time (<i>prompting to initiate tasks</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has trouble solving problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has trouble being flexible when plans change
(<i>gets upset, behavioral outbursts, gets thrown off track</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Experiences mental fatigue following illness or injury | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Academic / Work Skills

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Has trouble paying attention in class/work/meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has trouble maintaining concentration when reading/studying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has trouble understanding or following verbal instruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has difficulty taking notes during lectures/meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has problems with reading or reading fluency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has trouble organizing papers, notes, books, assignments, projects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Forgets to write down tasks, complete, or turn in assignments (<i>on time</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has difficulty starting assignments (<i>procrastination</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sensory Environment

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Has issues tolerating loud or unexpected noise stimulus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has issues tolerating light or deep touches (<i>fabrics, tags in clothes</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has issues tolerating warm or cold temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has issues tolerating bright lights or dark spaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has issues tolerating different foods or textures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please rate the individual for each statement:

Never Sometimes Frequently Always

Social-Emotional Skills

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Impulsive behaviors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Gets frustrated easily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Yells at others when frustrated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hits others, walls or objects when frustrated causing damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Acts dangerously, without consequences, takes high risks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can be aggressive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Can overreact to various situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Can cause harm to self, or others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Cries or laughs more than usual
(particularly at times when stressed or overwhelmed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Withdraws from others when overwhelmed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Withdraws from activities that are perceived to be too hard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has trouble getting along with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has appropriate knowledge and use of personal space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has trouble or avoids making and maintaining eye contact | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Initiates talking with others – starts conversation easily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has trouble staying on topic (<i>tangential</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Interrupts others when they are speaking, interjects often | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Talks too much – rambles on.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Visual Motor Skills

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Has poor handwriting legibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has trouble with fine motor skills/tasks
(using scissors, buttoning clothing, fastening things) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tends to be clumsy or uncoordinated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has impaired balance or unusual gait while walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Auditory (Speech) Skills

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Has difficulty understanding verbal directions and information
(auditory processing and comprehension) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has trouble communicating thoughts/ideas/words to express self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has difficulty with articulation, phonics, phonological processing
(understanding and producing sounds or associated sounds with letters) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has difficulty with written language (<i>putting thoughts on paper</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has difficulty with reading comprehension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Stutters/verbal dysfluency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

This survey does not provide results or a diagnosis. It is simply a tool for you to use to help you decide whether the programs that Sensory Stepping Stones offers can be a good choice of alternative therapeutic options for you to explore. If there is an area or areas of concern alerted by the survey (“Always” or “Frequently”), we know the programs at the clinic can help! Beyond this survey, Sensory Stepping Stones would be pleased to discuss our programs and determine which therapeutic program is most appropriate. If you would like to discuss the results of this survey or find out more about Sensory Stepping Stones, please call us today to schedule a FREE, complimentary consultation. ***We are here to help!***