



Educational Support

Waldorf Remedial Therapy

Marjorie Rehbach

Enrollment Forms

Enrollment Info

Child's name

Child's date of birth

Parent(s)/guardian(s) name

Parent(s)/guardian(s) name

Address

Address

Phone

Phone

Email

Email

Parental Release I, the undersigned, authorize my child named above to participate in sessions with Marjorie Rehbach, Waldorf Remedial Therapist. I agree to the terms of Ripples Educational Support Services, i.e. having my child completing regular exercises and activities at home, attending sessions as scheduled, and committing to arriving at scheduled times.

Information Sharing Please list names, addresses and phone numbers of medical/educational specialists who have worked with your child in the past, and you are granting me permission to contact.

Information Release Form I, the undersigned, give my permission to Marjorie Rehbach, to forward any reports or evaluations regarding my child to my child's class teacher.

Financial Commitment I, the undersigned, understand that the financial commitment is as following. Please check and acknowledge/select options.

Assessment, Consultation and Final Report Fees are \$400. Due with application. Check enclosed or _____ (please specify)

Required individual sessions of 1 hour per session (12 sessions) are \$45 per session = \$540.

- I will pay per session or
 I will make use of the prepaid/discounted option 12 sessions @ sliding scale \$30 — \$40 per session = \$360 — \$480. Please specify sliding scale selection and reason _____

Signature(s) Parent(s)/guardian(s): _____

Date

Parent(s)/guardian(s): _____

Health History

Child's name:

Child's date of birth:

Parent(s)/guardian(s) name(s):

Child's siblings and ages:

What are your main concerns about your child as you seek this assessment?

Please describe the pregnancy. Any stressful situations?

Describe the labor and delivery including setting, duration, family members involved, attendants, interventions such as medication, inducers, forceps, etc., cord around neck, special joys and feelings, etc.

Health History *continued*

Approximate weight at birth:

Describe breastfeeding or bottle feeding and age weaned:

Describe first few weeks of your child's life.

At what age did your child sit / crawl / walk? Sit: Crawl: Walk:

Any time in a walker or upright seat (not including high chair):

If your child did not crawl, how did he/she get around?

At what age did your child speak first words?

At what age did your child speak in sentences?

At what age did your child first use the word "I" for himself/herself?

Is/was your child a bedwetter?

Did your child have any habits such as thumb/finger sucking, hair twisting, nail biting, sucking on clothes or a pacifier? Do any of these habits continue?

Please comment on the following areas.

Ability to care for personal space and belongings:

Ability to express feelings:

Your child's likes and dislikes:

What tends to make your child stressed?

Health History *continued*

Please describe any significant events during your child's first seven years of life.

Please comment on the following areas.

Breathing (stuffy nose, mouth breather, holds breath at times?)

Sleeping:

Eating preferences in general:

Eating preferences / types of fats eaten:

Eating preferences / types of proteins eaten:

Eating preferences / types of carbohydrates eaten:

Eating preferences / types of probiotics or fermented foods eaten:

Health History *continued*

Relevant information about school life.

Learning style (i.e. sequential versus big picture, auditory, visual or kinesthetic?)

Ability to pay attention:

Social interactions:

Organizational skills:

Medical/dental history

Approximate age at first tooth loss:

Number of teeth out at this time?

Has your child had ear infections?

Has your child used prescribed medications such as antibiotics?

Has your child received the routine childhood immunizations? Describe any reactions to the immunizations.

Has your child had a fever?

Any illnesses such as chicken pox?

Health History *continued*

Please describe any serious injuries, accidents or surgical operations:

What childhood bumps and falls have occurred, especially to the head (at home, playground, etc.)?

Please describe any other concerns or comments regarding your child.

Sensorimotor Questionnaire

Child's name:

Child's date of birth:

Child's age:

Date:

1. Touch (Tactile)

- Yes | No Overreacts to physically painful experiences.
- Yes | No Under reacts to physically painful experiences.
- Yes | No Avoids messy activities.
- Yes | No Craves messy activities.
- Yes | No Dislikes being touched, especially unexpectedly; becomes irritated when crowded and isolates self from others.
- Yes | No Craves being touched.
- Yes | No Seeks out physically aggressive contact (roughhousing, Crashing into walls or people).
- Yes | No Is excessively ticklish.
- Yes | No Avoids using hands for prolonged periods of time or for examining objects thoroughly.

2. Balance and Movement (Vestibular/Proprioceptive)

- Yes | No Has poor balance.
- Yes | No Has difficulty going up and down stairs or hills.
- Yes | No Often rocks in chair or 'assumes an upside-down position.
- Yes | No Often props head in hands while reading or writing.
- Yes | No Seems fearful in space (e.g., Swing, seesaw, heights).
- Yes | No Is afraid of, or avoids, vigorous, fast-moving activities at the playground (bouncing, swinging, balancing, or spinning).
- Yes | No Seems sensitive to movement, getting dizzy or seasick.
- Yes | No Prefers fast-moving or spinning activities, perhaps not getting dizzy or seeming less sensitive than most children to the effect.

3. Coordination

- Yes | No Has difficulty with manual skills (scissors, crayons, pencils, and buttons) and/or with handwriting.
- Yes | No Seems clumsy and accident-prone, frequently falling and tripping, perhaps not catching self easily.
- Yes | No Has difficulty learning new movement activities and/or dislikes trying them.

Sensorimotor Questionnaire continued

- Yes | No Was slow to show a clear hand preference or is not yet clearly right- or left-handed.
- Yes | No Must be reminded to hold paper when writing.
- Yes | No Uses extraneous movements during physical activity (e.g. sticking out tongue, moves jaw, clenches fists).

4. Muscle Tone

- Yes | No Appears stiff and rigid.
- Yes | No Appears loose and floppy.
- Yes | No Has poor standing and/or sitting posture.
- Yes | No Grasps objects too tightly.
- Yes | No Grasps objects too loosely.
- Yes | No Tires easily.

5. Hearing (Auditory)

- Yes | No Is frightened or irritated by loud noises.
- Yes | No Is very sensitive to background sounds.
- Yes | No Has difficulty paying attention amid surrounding noise.
- Yes | No Often shouts or speaks in a loud voice.
- Yes | No Frequently makes repetitive noises or sounds.
- Yes | No Fails to follow through on verbal requests.
- Yes | No Needs directions repeated.
- Yes | No Confuses spoken words (e.g. bear/hair).
- Yes | No Misses Some Sounds.

6. Sight (Visual)

- Yes | No Appears sensitive to light, preferring dark or dim lighting.
- Yes | No Has difficulty discriminating shapes or colors.
- Yes | No Has difficulty keeping eyes on objects.
- Yes | No Cannot follow a moving object or line of print smoothly with eyes; loses place.
- Yes | No Often squints, rubs eyes, gets headaches or watery eyes after reading.
- Yes | No Becomes excited with a lot of visual stimuli.

Sensorimotor Questionnaire continued

- Yes | No Resists having vision blocked.
- Yes | No Reverses or confuses numbers, letters, and whole words.
- Yes | No Has difficulty with written instruction.
- Yes | No Has difficulty copying from blackboard or books.

7. Smell

- Yes | No Is overly sensitive to certain smells.
- Yes | No Ignores noxious odors.
- Yes | No Has difficulty discriminating odors.

8. Attention and Behavior

- Yes | No Is restless or fidgety.
- Yes | No Is impulsive, often jumping up before instructions are given.
- Yes | No Has difficulty organizing or structuring activities.

(Sensorimotor questionnaire compiled by Lynn A. Balzer-Martin, PhD, OTR)

Conner's Parent Rating Scale

Child's name:

Child's date of birth:

Child's age:

Date:

Connor's Parent Rating Scale by C. Keith Connors, PhD

Instructions: Below are a number of common problems that children have. Please rate each item according to your child's behavior in the last month. For each item, ask yourself "How much of a problem has this been in the last month?", and circle the best answer for each one. Please respond to all the items.

If none, not at all, seldom, or very infrequently, you would circle **0**.

If just a little true or only occasionally, you would circle **1**.

If pretty much true, often or quite a bit, you would circle **2**.

If very much true, or it occurs very often or frequently, you would circle **3**.

1. Angry and resentful	0	1	2	3
2. Difficulty doing or completing homework	0	1	2	3
3. Is always "on the go" or acts as if driven by a motor	0	1	2	3
4. Timid, easily frightened	0	1	2	3
5. Everything must be just so	0	1	2	3
6. Has no friends	0	1	2	3
7. Stomach aches	0	1	2	3
8. Fights	0	1	2	3
9. Avoids, expresses reluctance about, or has difficulties engaging in tasks that require sustained mental effort (such as schoolwork or homework)	0	1	2	3
10. Has difficulty sustaining attention in tasks or play activities	0	1	2	3
11. Argues with adults	0	1	2	3
12. Fails to complete assignments	0	1	2	3
13. Hard to control in malls or while grocery shopping	0	1	2	3
14. Afraid of people	0	1	2	3
15. Keeps checking things over again and again	0	1	2	3
16. Loses friends quickly	0	1	2	3
17. Aches and pains	0	1	2	3
18. Restless or overactive	0	1	2	3
19. Has trouble concentrating in class	0	1	2	3
20. Does not seem to listen to what is being said to him/her	0	1	2	3
21. Loses temper	0	1	2	3
22. Needs close supervision to get through assignments	0	1	2	3
23. Runs about or climbs excessively in situations where it is inappropriate	0	1	2	3
24. Afraid of new situations	0	1	2	3
25. Fussy about cleanliness	0	1	2	3
26. Does not know how to make friends	0	1	2	3
27. Gets aches and pains or stomach aches before school	0	1	2	3
28. Excitable, impulsive	0	1	2	3
29. Does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions)	0	1	2	3
30. Has difficulty organizing tasks and activities	0	1	2	3
31. Irritable	0	1	2	3
32. Restless in the "squirmy sense"	0	1	2	3
33. Afraid of being alone	0	1	2	3
34. Things must be done the same way every time	0	1	2	3

Conner's Parent Rating Scale (continued)

35.Does not get invited over to friends' houses	0	1	2	3
36.Headaches	0	1	2	3
37.Fails to finish things he/she starts	0	1	2	3
38.Inattentive, easily distracted	0	1	2	3
39.Talks excessively	0	1	2	3
40.Actively defies or refuses to comply with adults' requests	0	1	2	3
41.Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities	0	1	2	3
42.Has difficulty waiting in lines or awaiting tum in games or group situations	0	1	2	3
43.Has a lot of fears	0	1	2	3
44.Has rituals that he/she must go through	0	1	2	3
45.Distractibility or attention span a problem	0	1	2	3
46.Complains about being sick even when nothing is wrong	0	1	2	3
47.Temper outbursts	0	1	2	3
48.Gets distracted when given instructions to do something	0	1	2	3
49.Interrupts or intrudes on others (e.g., butts into others' conversations or games)	0	1	2	3
50.Forgetful in daily activities	0	1	2	3
51.Cannot grasp arithmetic	0	1	2	3
52.Will run around between mouthfuls at meals	0	1	2	3
53.Afraid of the dark, animals, or bugs	0	1	2	3
54.Sets very high goals for self	0	1	2	3
55.Fidgets with hands or feet or squirms in seat	0	1	2	3
56.Short attention span	0	1	2	3
57.Touchy or easily annoyed by others	0	1	2	3
58.Has sloppy handwriting	0	1	2	3
59.Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
60.Shy, withdrawn	0	1	2	3
61.Blames others for his/her mistakes or misbehavior	0	1	2	3
62.Fidgeting	0	1	2	3
63.Messy or disorganized at home or school	0	1	2	3
64.Gets upset if someone rearranges his/her things	0	1	2	3
65.Clings to parents or other adults	0	1	2	3
66.Disturbs other children	0	1	2	3
67.Deliberately does things that annoy other people	0	1	2	3
68.Demands must be met immediately – easily frustrated	0	1	2	3
69.Only attends if it is something he/she is very interested in	0	1	2	3
70.Spiteful or vindictive	0	1	2	3
71.Loses things necessary for tasks or activities (e.g., school assignments, pencils, books, tools or toys)	0	1	2	3
72.Feels inferior to others	0	1	2	3
73.Seems tired or slowed down all the time	0	1	2	3
74.Spelling is poor	0	1	2	3
75.Cries often and easily	0	1	2	3
76.Leaves seat in classroom or in other situations in which remaining seated is expected ...	0	1	2	3
77.Mood changes quickly and drastically	0	1	2	3
78.Easily frustrated in efforts	0	1	2	3
79.Easily distracted by extraneous stimuli	0	1	2	3
80.Blurts out answers to questions before the questions have been completed	0	1	2	3