

### SI Clinical Assessment Worksheet

[Adapted from OTA-Watertown SI Clinical Assessment Worksheet]

Name:		Examiner:	
1 <sup>st</sup> Assessment date:	2 <sup>nd</sup> Assessment date:	3 <sup>rd</sup> Assessment date:	4 <sup>th</sup> Assessment date:

General observations			
	Observed	Not observed	Comments
<b>Reactions to examiner</b>			
Attempts to interact			
Varied facial expressions			
Affect appropriate			
<b>Reactions to assessment</b>			
Needs family support			
Able to separate from family			
Exploratory behaviour			
Cooperates and complies with requests			
Follows directions			
Easily transitions between tasks			
<b>Notable behaviours</b>			
Aggressive behavior			
Avoidance behavior			
Attention seeking behavior			
Sensory seeking behaviour			
<b>Arousal levels</b>			
Appropriate activity level			
Filters out background information			
Focuses on task at hand			
Well-modulated voice			
Organises own behavior to do a task			

Observations of sensory modulation				
	Over-responsive	Appropriate	Under-responsive	Comments
<b>Response to proprioceptive input</b>				
Bouncing				
Crashing				
Pushing and pulling				
Joint traction				
Vibration				
<b>Response to vestibular input</b>				
Horizontal linear movement				
Vertical linear movement				
Angular movement				
Rotary movement				
Head tipped backwards				
On or over uneven surfaces				
Heights				
Moving over large therapy ball				
Moving over large therapy ball with vision occluded/into backward space				