

Donald G. Gerken, DC, DACCP, CST

88 E Bonita Rd. #E
Chula Vista, CA 91910

Phone: (619) 422-3088
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Date:	
Parent's Last Name:	
Child's Full Name:	

THERAPEUTIC LISTENING® PROGRAM FOLLOW-UP

Date ____ / ____ / ____

Current CD:

Client Listens: Min, x/day

a. Sleeping (i.e. duration, frequency of night waking, sleep patterns, nap schedule, bedtime routine)

b. Eating (i.e. food/taste preferences, oral motor, sitting at mealtimes, taste/smell tolerance, sensitivities-mouthing, gagging, biting, etc)

c. Grooming (i.e. acceptance of touch, behaviors during grooming, rigidity of hygiene rituals, participation, length of routine)

d. Dressing (i.e. skill development, clothing texture/fabric preferences, length of routine)

e. Toilet training (i.e. bladder/bowel issues, toilet training status)

f. Social functions/Community (i.e. participation or reactivity at recent events, tolerance for incidental touch and/or sounds)

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THERAPEUTIC LISTENING® FOLLOW-UP (continued)

g. Daily environment (i.e. tolerance for sounds, noise, sights, odors)
h. Social interaction (i.e. behavior, communication, peer interaction, use of language)
i. Play skills (i.e. participation in messy play, transitions, tolerance for playground equipment, expansion of play skills)
j. Movement skills (i.e. participation, coordination, quality of movement, tolerance for variety of movement, seeking/avoiding movement, safety awareness)
k. School skills (i.e. attention, distractibility, tolerance for incidental touch and/or sounds, fine motor skills, eye-hand coordination)
l. Emotional skills (i.e. mood, tantrums, tolerance for transitions and/or routine changes, behavior, eye contact)
m. Regulation (i.e. orienting, mood, arousal, energy level, attention/focus, stimulatory behaviors)
n. Additional comments