

**Checklist for Active Infant/Primitive Reflexes**      Client's Name \_\_\_\_\_

Rate items as follows: 1 if mild concern; 2 if moderate; 3 if severe. Leave blank if an item is not an issue.

Possible active infant reflexes involved are abbreviated in brackets. Asterisks indicate other reflex types.

**Behavioural & Socio-Emotional Concerns**

- |   |   |
|---|---|
| <input type="checkbox"/> Anger/aggression (FPR, Moro, STNR, PB)                 | <input type="checkbox"/> Anxiety (FPR, Moro, TRL, PB)                 |
| <input type="checkbox"/> Attention (Moro, TLR, ATNR, STNR, SG, Landau, HR*, A*) | <input type="checkbox"/> Boundary issues (FPR, Moro, PB, Feet, PE*)   |
| <input type="checkbox"/> Difficulty accepting correction (FPR, Moro, STNR, PB)  | <input type="checkbox"/> Difficulty making friends (FPR, Moro, PB)    |
| <input type="checkbox"/> Fearful/specific fears (FPR, Moro, PB, SP, FTG)        | <input type="checkbox"/> Fidgety/wiggly (SG, SP)                      |
| <input type="checkbox"/> Frustration (FPR, Moro, ATNR, Landau, A*)              | <input type="checkbox"/> Hyperactivity (TLR, STNR, SG)                |
| <input type="checkbox"/> Lack of empathy (FPR, PB)                              | <input type="checkbox"/> Low self-esteem/shyness (FPR, Moro, PB)      |
| <input type="checkbox"/> Mood swings (FPR, Moro, PB, SP)                        | <input type="checkbox"/> Need to dominate/control (FPR, Moro, PB)     |
| <input type="checkbox"/> Poor self-control (FPR, Moro, TLR, SG, SP)             | <input type="checkbox"/> Selective verbal communication (FPR, PB, TG) |
| <input type="checkbox"/> Separation anxiety/clinging (FPR, SP)                  | <input type="checkbox"/> Transition challenges (FPR, Moro)            |

**Daily Living & Health Concerns**

- |  |   |
|--|---|
| <input type="checkbox"/> Bed wetting/soiling - especially after age 5 (SG, SP) | <input type="checkbox"/> Messy eater (ATNR, STNR)               |
| <input type="checkbox"/> Restless sleep (SG, SP)                               | <input type="checkbox"/> Sleep difficulties (FPR, Moro, SG, SP) |
| <input type="checkbox"/> Allergies/asthma/weak immune system (Moro)            | <input type="checkbox"/> Eczema (FPR, Moro)                     |
| <input type="checkbox"/> Ear, Nose & Throat Infections (Moro)                  | <input type="checkbox"/> Food intolerances (Moro, Suck)         |

**Motor & Learning Concerns**

- |   |   |
|---|---|
| <input type="checkbox"/> Avoids physical activity (TLR, ATNR, SG, A*)           | <input type="checkbox"/> Balance (Moro, TLR, ATNR, STNR, HR*, SG, Landau, Feet)     |
| <input type="checkbox"/> Clumsy (Moro, TLR, ATNR, STNR, SG, SP, Landau, Feet)   | <input type="checkbox"/> Crawling - skipped/ltd. (TLR, ATNR, STNR)                  |
| <input type="checkbox"/> Dyslexia (Moro, ATNR, STNR, HR*)                       | <input type="checkbox"/> Dyspraxia/motor planning (TLR, ATNR, STNR, Landau, HR*)    |
| <input type="checkbox"/> Eye-hand coord (Moro, TLR, ATNR, STNR)                 | <input type="checkbox"/> Eye tracking/visual (Moro, TLR, ATNR, STNR, Landau, PS)    |
| <input type="checkbox"/> Fatigues easily (Moro, TLR, HR*, A*)                   | <input type="checkbox"/> Fine Motor/handwriting (ATNR, Grasp, PB, Pull to Sit)      |
| <input type="checkbox"/> Muscle tone low (TLR, SP, Landau, PS)                  | <input type="checkbox"/> Muscle tone high/tense muscles (TLR, Landau, Feet, TG, A*) |
| <input type="checkbox"/> Pencil grasp/dexterity (Hand, Rooting, ATNR, PS)       | <input type="checkbox"/> Posture (TLR, ATNR, STNR, SP, Landau, HR*, FTG)            |
| <input type="checkbox"/> Poor core strength (Moro, TRL, STNR, Landau, PS)       | <input type="checkbox"/> Spatial awareness (TLR, ATNR, STNR)                        |
| <input type="checkbox"/> Stiff neck (TLR, ATNR, STNR, HR, TG)                   | <input type="checkbox"/> Toe walking (TLR, Plantar, FTG)                            |
| <input type="checkbox"/> Written expression (Grasp, PB, ATNR, STNR, Landau, PS) | <input type="checkbox"/> W-sitting (TLR, STNR)                                      |

**Speech & Sensory Processing Concerns**

- |   |  |
|---|--|
| <input type="checkbox"/> Articulation & speech (TLR, Grasp, PB, Suck, Rooting, TG, PE*)   |  |
| <input type="checkbox"/> Auditory processing (FPR, Moro, TLR, ATNR, STNR, Landau)   | <input type="checkbox"/> Motion sickness (Moro, TLR, STNR) |
| <input type="checkbox"/> Hypersensitivities: bright light, loud sounds, certain textures/smells/tastes/tactile sensations e.g. wet clothing, dirty hands, must wear shoes, certain movement e.g. spinning, inversion, feet off ground (FPR, Moro, Landau, SP, PB, Root, Suck) |  |