

Primitive Reflex Quiz**Mark the symptoms that are present :****0= not present 1 = mild 2 =strong****Group 1 Fear Paralysis**

- Low stress tolerance
- Fears separation
- Gives up easily, fears failure
- Avoids new situations or people
- Freezes up
- Panic attack and phobias
- Lack of motivation, overly dependent
- Throws temper tantrums or aggressive

Group 2 The Moro Reflex: Extra Sensitive

- Motion sickness, poor balance & coordination
- Poor stamina, tires easily
- Avoids eye contact
- Sensitive to light, sound, & touch
- Allergies, chronic illness
- Craving for sweets
- Dislike of change or surprises
- Anxiety and mood swings
- Poor math sense
- Shy in social situations
- Stressful birth
- Emotionally and socially immature

Group 3 Tonic Labyrinthine Reflex: Late

- Poor posture, may walk on toes
- Weak muscles
- Poor balance
- Unable to cross eyes easily, or it hurts when crossing
- Spatial problems-bumps into things, stands too close
- Poor sequencing- telling stories, counting organizing
- Poor sense of time, unable to tell time or read analog clock
- Slow copying from board/book
- Poor organizational skills
- Difficulty tracking when reading
- Falls frequently
- Dislikes sporting activities

Group 4 Spinal Galant: ADD/Memory

- Fidgeting
- Bedwetting
- Poor concentration or attention
- Poor working memory, difficulty following multistep directions
- Very sensitive to several senses: visual, hearing, touch, smell, taste
- Difficulty reading and poor phonemic awareness
- Auditory processing disorder
- Makes noise when sitting

Group 5 Asymmetrical Tonic Neck Reflex: Dyslexia

- Poor handwriting
- Eyes jump over words or lines or repeats lines when reading
- Poor balance
- Right-left confusion, poor sense of direction
- Letter and number reversals
- Difficulty crossing midline
- Difficulty copying
- Difficulty with spelling
- Poor expression of ideas on paper
- Mixed laterality using both hands

Group 6 Symmetrical Tonic Neck Reflex

- Poor posture
- Slumps when walking and sitting
- Sits in "W" position
- Difficulty with fine and gross motor skills
- Messy eater
- Difficulty with eye tracking
- Slow with copying tasks
- Poor attention skills
- Difficulty learning to swim
- Clumsiness

Group 7 Palmer Reflex

- Poor handwriting
- Poor manual dexterity
- Lack of "pincer grip"
- Speech and articulation issues
- Palm may be hypersensitive to touch
- Makes mouth movements when writing or drawing

Learning Screening

Please rate yourself on each of the symptoms listed below using the following scale. You may contact Carol Brown if you have any questions at cbrown@equippingminds.com.

0-Never 1-Rarely 2- Occasionally 3-Frequently 4-Very Frequently

Reading

- _____ 1. I am a poor reader.
- _____ 2. I do not like reading.
- _____ 3. I make mistakes when reading, such as skipping words or lines.
- _____ 4. I read the same line twice.
- _____ 5. I have problems remembering what I read.
- _____ 6. I reverse letters when I read (such as b/d, p/q).
- _____ 7. I switch letters in words when reading (such as god and dog).
- _____ 8. My eyes hurt or water when I read.
- _____ 9. Words tend to blur when I read.
- _____ 10. Words tend to move around the pages when I read.
- _____ 11. When reading, I have difficulty understanding the main idea.
- _____ 12. When reading, I have difficulty identifying important details.
- _____ 13. When reading words, the letters shift, move, or run together.
- _____ 14. I feel tense, tired, sleepy, or even get headaches when reading.
- _____ 15. I have difficulty reading words that are on white or glossy paper.

Writing

- _____ 1. I have "messy" handwriting.
- _____ 2. My work tends to be messy.
- _____ 3. I prefer to print rather than to write in cursive.
- _____ 4. My letters run into each other, or there is no space between words.
- _____ 5. I have trouble staying within lines.
- _____ 6. I have problems with grammar or punctuation.

- _____ 7. I am a poor speller.
- _____ 8. I have trouble copying off the board or from a page in a book.
- _____ 9. I have trouble getting thoughts from my brain to the paper.
- _____ 10. I can tell a story but cannot write it.

Body Awareness/Spatial Relationships

- _____ 1. I have trouble with knowing my left from my right.
- _____ 2. I have trouble keeping things in columns or coloring within lines.
- _____ 3. I tend to be clumsy/uncoordinated.
- _____ 4. I have difficulty with eye/hand coordination.
- _____ 5. I have difficulty with concepts such as up, down, over, or under.
- _____ 6. I tend to bump into things when walking.

Oral Expressive Language

- _____ 1. I have difficulty expressing myself in words.
- _____ 2. I have trouble finding the right word to say in conversations.
- _____ 3. I have trouble talking around a subject or getting to the point in conversation.

Receptive Language

- _____ 1. I have trouble keeping up/understanding what is being said in conversations.
- _____ 2. I tend to misunderstand people and give the wrong answers.
- _____ 3. I have trouble understanding directions people tell me.
- _____ 4. I have trouble telling the direction a sound is coming from.
- _____ 5. I have trouble filtering out background noises.

Math

- _____ 1. I am poor at basic math skills for my age (adding, subtracting, multiplying).
- _____ 2. I make "careless mistakes" in math.

_____ 3. I tend to switch numbers around.

_____ 4. I have difficulty with word problems.

Sequencing

_____ 1. I have trouble getting everything in the right order when I speak.

_____ 2. I have trouble telling time.

_____ 3. I have trouble using the alphabet in order.

_____ 4. I have trouble saying the months of the year in order.

Abstraction

_____ 1. I have trouble understanding jokes people tell me.

_____ 2. I tend to take things too literally.

Organization

_____ 1. My notebook/paperwork is messy or disorganized.

_____ 2. My room is messy.

_____ 3. I tend to shove everything into my backpack, desk, or closet.

_____ 4. I have multiple piles around my room.

_____ 5. I have trouble planning my time.

_____ 6. I am frequently late or in a hurry.

_____ 7. I often do not write down assignments and forget what to do.

Memory

_____ 1. I have trouble with my memory.

_____ 2. I remember things from long ago but not recent events.

_____ 3. It is hard for me to memorize things for school or work.

_____ 4. I know something one day but do not remember it the next day.

_____ 5. I forget what I am going to say right in the middle of saying it.

_____ 6. I have trouble following multi-step directions.

Social Skills

- _____ 1. I have few or no friends.
- _____ 2. I have trouble reading body language or facial expressions of others.
- _____ 3. My feelings are often or easily hurt.
- _____ 4. I tend to get into trouble with friends, teachers, parents, or bosses.
- _____ 5. I feel uncomfortable around people whom I do not know well.
- _____ 6. I am teased by others.
- _____ 7. Friends do not call and ask me to do things with them.
- _____ 8. I do not get together with others outside of school or work.

Sensory Integration

- _____ 1. I seem to be more sensitive to the environment than others.
- _____ 2. I am more sensitive to noise than others.
- _____ 3. I am particularly sensitive to touch or very sensitive to certain clothing/tags.
- _____ 4. I have an unusual sensitivity to certain smells.
- _____ 5. I have an unusual sensitivity to light
- _____ 6. I am sensitive to movement or crave spinning activities.
- _____ 7. I tend to be clumsy or accident-prone.
- _____ 8. I become tired/have headaches/difficulty focusing under fluorescent lights.
- _____ 9. I have problems judging distance on stairs, ball sports, or driving.

Vision Screening: You will need to do this with a partner. **Answer Yes or No**

1. **Concentration** - Number of seconds before breaking eye contact. You should be able to hold for 30 seconds. **How many seconds could the student hold?**
2. **Peripheral Vision** - Take a sheet of paper and place an X in the center. Now take a pencil and move in from the right, left, up, and down. Place a dot on the paper when they see the pencil. They should see it before you reach the paper. **Were they successful?**
3. **Tracking** - Sitting across from your partner with a pencil 12 inches from their nose, move it right to left, up to down, in a circle, and diagonally. Notice if the eyes are jerking. Do 5 times. **Were the eyes tracking smoothly?**
4. **Convergence** - Sitting across from your partner with the pencil 12 inches from their nose, slowly move it closer to the nose and slowly move it away. Notice if the eyes are crossing smoothly or if they are strained, fatigued, blinking, or watering. Do 5 times. **Were the eyes converging together smoothly?**

Balance Screening

Evaluation: With hands at side, raise leg 8 inches off the ground. **Record the number of seconds.**

Stand on one leg for 10 seconds. Right _____ Left _____

Repeat with eyes closed for 10 seconds. Right _____ Left _____

Dominance Screening

Writing Hand: Right Left

Kicking Leg: Right Left

Eye of choice when looking through a scope: Right Left

Ear of choice when on the phone/listening at a door: Right Left