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# Core Learning Skills Training (CLS) Overview

**Core Learning Skills Training (CLS) Overview**

## What is Core Learning Skills Training?

Core Learning Skills training involves a series of exercises that are done daily (minimum 5 days a week) to help make neurological connections in the brain that are critical to comfortable learning and functioning. CLS exercises help integrate primitive survival reflexes and improve interpretation of sensory input, body and attention awareness and control, visual and motor skills, physical and mental organization, and learning efficiency.

Infants have reflex movement patterns that are critical to their survival and provide the springboard for the development of visual and motor skills, regulation, internal organization, attention, and mental and emotional control.

Primitive reflexes integrate (become inactive) in infancy or early childhood as the brain becomes more organized and higher levels of the brain take over. Retention of any of these early reflexes can cause interference in the normal development process, resulting in immature movement patterns and generalized learning and attention difficulties.

Core Learning Skills training helps eliminate the interference caused by primitive reflexes and under-developed visual and motor skills. It is a series of physical balance and movement

activities that improve visual skills, graphomotor skills, internal organization, coordination, self-awareness, self-control, and attention. Core Learning Skills Training uses sound therapy and rhythm activities to help the student gain a sense of reference point and an understanding of space and time, which are so critical for developing attention, self-control, and organization skills.

Core Learning Skills training is targeted specifically to individual student needs through 5 different protocol emphases including:

* Struggling Students / Learning Disability (CLS-Learning)
* Dyslexia / Visual Skills (CLS – Vision)
* Dysgraphia / Fine Motor (CLS – Dysgraphia)
* Body Awareness and Regulation – (CLS – Body)
* Executive Function / Mental Flexibility / Attention Focus / Self-Control (CLS – Attention/Mental Flexibility

## Why is Core Learning Skills Training Important?

John Ratey, M.D., author of *A User's Guide to the Brain* says, "Mounting evidence shows that movement is crucial to every other brain function, including memory, emotion, language and learning. Our 'higher' brain functions have evolved from movement and still depend on it."

Learning gets its jump-start through the involuntary movements caused by the primitive survival reflexes babies are born with. There is a normal progression of movement activity that helps a child understand himself and accurately perceive and navigate his world. Interference, for whatever reason, to this normal development through movement can impact a child's attention, learning, interaction, and comfort in the world. We call these foundational movement patterns and skills **Core Learning Skills**.

Children with learning and attention challenges are often very inflexible. They are disrupted by any change in routine. They have only one way of doing things because they do not have the physical and mental flexibility to feel secure trying something in a different way. The **mental flexibility and adaptability** needed for ease in learning, social relationships, and general functioning begins at the core learning skills level. Retraining core learning skills can help learners of any age develop higher brain functions and mental control.

## Training Through Questioning

Students do not have to execute the activities perfectly. The goal is to bring the movements to an automatic level so that they can be executed with little effort. Clinicians and parents should **monitor the student’s breathing during activities**. The goal is calm, relaxed, regular breathing. This indicates increasing comfort and automaticity with the activity.

It is important to **meet students where they are** physically, modifying or **breaking down activities** as needed. Gradually build-up to **full execution** of the activity and the **complete number of cycles**.

Increasing body awareness and control, and later attention awareness and control is facilitated by the clinician and parent using a **kinesthetic voice** (low volume and pitch; slower rate) and by **questioning students to guide them in thinking or problem solving** about their awareness of body position, eyes, movements, breathing, and attention.

Integrating reflexes and training the brain, motor, and visual systems for better control and learning involves using the frontal lobes of the brain, or the higher thinking, to shutdown the automatic motor pattern so the person can try a different way. This takes attention, awareness, visualization, and planning.

The clinician or parent’s job in this process is to guide the student in making the movements and then, through questioning, help him to become aware of how his body is working and what adjustments he might want to make. We use **questions to direct students’ attention** to specific parts of the body and help them become aware of **how the movement felt**, and how they could change it to gain more ease, flow, and control.

Here are examples of this kind of questioning:

* Without looking down, can you tell if your knees are straight or bent? Could you make them even straighter?
* Would you say you were moving fast, medium, or slow? Could you do the same thing but even more slowly this time?
* Were your arms and legs moving together on the same side or opposite sides? How do we want them to move?
* (Arms crossed over chest) Think about how your arms are crossed. Which arm is on top? Which arm do you want to have on top?

This kind of questioning is valuable anytime you want a child to develop better awareness and control, and is much more effective than telling because it engages the child’s conscious awareness and decision-making. We can use this kind of questioning not only for Core Learning Skills training, but also as we work on attention training, handwriting, reading rate and intonation, math, comprehension, expressive language, social skills, and virtually anything where the student needs to think about her response or performance and make some kind of adjustment to understand or improve it.

## Work for Ease and Comfort

In Core Learning Skills training, the aim is not to get the movement “right.” We are not training a set of “normal” movements into the child. We are using movements to develop learning. **Learning involves thinking, comparing, evaluating, planning, visualizing, adjusting, and ultimately finding the most effective ways to do things.** We are not interested in training in a “splinter” skill that a student can execute but not apply. We are looking to build mental flexibility. “If I have learned something in one way, can I now do it in a different way? Can I choose to do it faster or slower? Can I do it if I start on a different foot? Can I do the pattern backwards or from a different starting point?”

We are working towards students doing the activities in Core Learning Skills training **effortlessly**, independently, and with flexibility. If we ask them to start in a different place, use a different foot, try a new pattern, go at a different speed, etc., they will be willing and able to do so without anxiety if the movements are becoming internalized and automatic. These are the hidden building blocks of learning.

## Core Learning Skills Curriculum

Core Learning Skills training consists of 11 Core Skill Areas, each of which has a number of different, sequential activities designed to integrate reflexes, build body awareness and control, increase attention and concentration, and develop visual skills and internal organization needed for learning.

Reflex integration activities provide the cornerstone for the training. CLS training focuses on five reflexes that have a direct impact on skills needed for functioning in the classroom. At least one reflex integration activity should be included in every clinic and home session. Each reflex should be worked on until testing shows that it is no longer active and training activities are executed with ease, flow, and independence. A number of additional reflexes are worked on within CLS activities, including Landau, Head Righting, Hands Grasping, and Babkin Palomental.

**Core Skills Areas:**

* Rhythm and Timing
* Relaxation and Calming
* Differentiation and Body Awareness
* Reflex Integration
* Vestibular Stimulation
* Balance and Mind-Body Control
* Laterality and Flexibility
* Midline and Bilateral Movement
* Visual Skills
* Graphomotor Skills
* Aerobics

Each Core Skill Area contains sequenced activities that increase in complexity. Students in Core Learning Skills training will work in a number of skill areas daily for a total of 30 – 60 minutes.

## Time Commitment

Core Learning Skills training should be done a minimum five days per week. Based on assessment information, two to five 30 – 60 minute sessions per week in the clinic will be prescribed with 20 - minute practice sessions at home daily.

All activities will be introduced and practiced in the clinical setting. **Home practice should include reflex integration activities and any other activities being worked on in clinical sessions that do not require special equipment or materials.**

## Clinical Materials

* Large Beach Towel
* Em-Wave Personal Stress Reliever
* Exercise Ball
* Wide painter’s tape
* Balance Beam (optional – not included in trainer kit)
* Variable Balance Beam (optional – not included in trainer kit)
* Belgau Balametrics Program
	+ 1 Belgau Balance Board
	+ 1 Target Stand/Target Pins
	+ 3 Bean Bags
	+ 1 Pendulum Ball
	+ 1 Visual Motor Control Stick
	+ 1 Learning Breakthrough Program Activity Handbook
	+ 1 Learning Breakthrough Program Activity DVD
* Belgau Rotation Board
* Walking weights (hand), wrist/ankle weights
* Jump rope
* Penlight
* Eyes on Track by Kristy Mitchell Remick
* Cognitive Flexibility Cards
* Brock String
* Metronome
* Minute-Second Timer
* WriteBrain K-2 and 3-12

**Clinical Materials (continued)**

* Supplies for CLS-Body (not included in trainer kit)
	+ Tongue depressors (2)
	+ Stickers with definitive features, such as a ladybug with a big smile. (2 different types – large not too much detail).
	+ Skewer (1)
	+ Plastic curlers (6 – 10) 2 or 3 different colors.
	+ Colored transparency squares (2 – 3 inches square) – 3 colors
	+ Marbles - 10
	+ Eye patch
* Additional supplies for CLS Graphomotor Skills Development (not included in trainer kit)
	+ Large crayons
	+ Large size chalk
	+ Large newsprint paper
	+ Handwriting Without Tears paper

# CLS Testing Guidelines

# Reflex Testing

## Core Learning Skills Testing Guidelines

On the student’s first day of Core Learning Skills Training, do the following if it has not already been done in the initial assessment:

1. Reflex Testing: Fill-in **Testing Observations** and whether reflex is retained (positive) or integrated (negative).
2. Go through **Characteristics/Behaviors** column with parent and check all that are applicable.
3. Have parent fill-out **Developmental Checklist** appropriate to the student’s age.

Do reflex testing every 4 – 8 weeks to check progress. Review **Characteristics/Behaviors** and **Developmental Checklist** with parent every 8 weeks.

Discontinue training on reflex when activities have been completed, the reflex clearly tests negative (no longer present), and observational characteristics of reflex are not longer present.

Recommendations for continued CLS training or dismissal at end of protocol should be made based on testing observations and student’s functioning at school, home, and in social arenas.

## Developmental Screening

Developmental Screening (Duck Walk / Pigeon Walk)

* Have the student walk forward and backward doing the duck walk (feet turned out and hands at sides).
* Repeat with pigeon walk forward and backward (feet turned in, hands at sides).

Negative if arms remain straight and do not mimic feet

Positive (Reflects overall developmental delay) if arms/hands mimic feet

This screening is a quick indicator of neurodevelopmental delay (retained reflexes) and the degree of severity.

## Reflex Testing

Moro Reflex (Startle reflex)

Student lies on back with legs straight and arms at his sides. Place two fingers under each side of base of neck. Lift gently. Head should easily tilt back with chin tipping up.

Place two fingers under each knee. Lift the legs. Legs should slide up into bended knee position.

Symptoms of retained reflex

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  | **Upper Moro** |  |  |  |  |  |
|  |  |  |  | Tension or resistance in neck |  |  |  |  | Sensory integration disorder / hypersensitivity |
|  |  |  |  | Head comes up |  |  |  |  | Excessive blinking |
|  |  |  |  | Eyes open wide (“deer in headlights”) |  |  |  |  | Fixation / Staring |
|  |  |  |  | Fingers/arms go out |  |  |  |  | Difficulty maintaining eye contact |
|  |  |  |  | Feels anything in stomach (anxiety/ anticipation) |  |  |  |  | Vestibular problems (imbalance, dizziness, vertigo, motion sickness) |
|  |  |  |  | Too controlled to let you move head |  |  |  |  | Frequent ear and throat infections which lead to lower immunity and allergies |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  | **Lower Moro** |  |  |  |  | Depleted energy, fatigue, mood swings |
|  |  |  |  | Tension/resistance in legs or knees |  |  |  |  | Anxiety, phobias, mood swings, irritability |
|  |  |  |  | Knees pop up |  |  |  |  | Dislike change |
|  |  |  |  | Too controlled to let you lift knees |  |  |  |  | Emotional/social immaturity |
|  |  |  |  |  |  |  |  |  | Crave attention / separation anxiety |
|  |  |  |  |  |  |  |  |  | Trouble communicating feelings |
|  |  |  |  |  |  |  |  |  | Bullied |
|  |  |  |  |  |  |  |  |  | Difficulty with focus and concentration |
|  |  |  |  |  |  |  |  |  | Difficulty copying |
|  |  |  |  |  |  |  |  |  | Slow cognitive processing |
|  |  |  |  |  |  |  |  |  | Impulsive / manipulative |
|  |  |  |  |  |  |  |  |  | Fatigue / headaches |
|  |  |  |  |  |  |  |  |  | Craves sweets |

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Hands Grasping

Student lies on back with arms lifted up perpendicular to body. Take both hands. Stimulate/press under the fingers so the client will grasp your thumbs. Pull up to check strength of grasp.

With arm stretched up, check the strength of the grasp on each hand by pulling down gently but firmly with your other hand on forearm just above wrist and again on upper arm above the elbow.

Symptoms of retained reflex:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  | Grasp is not strong and secure |  |  |  |  | Problems with manual dexterity |
|  |  |  |  | Fingers open as you pull up |  |  |  |  | Poorly developed pincer grip |
|  |  |  |  | Grasp too quickly and too hard |  |  |  |  | Difficulty using scissors, writing tools |
|  |  |  |  | Grasp slowly / sluggishly |  |  |  |  | Holds pencil too tightly |
|  |  |  |  | Grasp is not the same on both hands |  |  |  |  | Tension in shoulders when writing |
|  |  |  |  |  |  |  |  |  | Difficulty with gross motor skills |
|  |  |  |  |  |  |  |  |  | Weak hand or upper body strength |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  | Problems with bladder control |
|  |  |  |  |  |  |  |  |  | Speech disorders/stuttering |
|  |  |  |  |  |  |  |  |  | Mouth/tongue movements when writing or drawing |
|  |  |  |  |  |  |  |  |  | Poor handwriting |
|  |  |  |  |  |  |  |  |  | Dysgraphia / trouble expressing ideas on paper |
|  |  |  |  |  |  |  |  |  | Dyslexia / phonemic awareness, reading comprehension, reading fluency |
|  |  |  |  |  |  |  |  |  | Trouble grasping new ideas |

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Spinal Galant Reflex

Student should be on hands and knees as if crawling. Make sure shirt is stretched taut.

Run a pen tip or thumb nail down each side of the spine. If not getting any movement or contraction, press hard with a finger on either side of the lower spine.

Symptoms of retained reflex:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Movement or contraction on either side of spine |  |  |  |  | Cannot sit still / fidgety |
|  |  |  |  | Hips flex |  |  |  |  | Short-term memory problems |
|  |  |  |  |  |  |  |  |  | Poor concentration / ADHD |
|  |  |  |  |  |  |  |  |  | Bedwetting beyond age 5 |
|  |  |  |  |  |  |  |  |  | Sensitive to tight clothing around waist |
|  |  |  |  |  |  |  |  |  | Difficulty with fine motor / handwriting |
|  |  |  |  |  |  |  |  |  | Makes noises to relieve pent-up energy |
|  |  |  |  |  |  |  |  |  | Coordination difficulties / dislikes P.E. |
|  |  |  |  |  |  |  |  |  | Incorrect hip rotation |
|  |  |  |  |  |  |  |  |  | Scoliosis |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  | Auditory processing disorders |
|  |  |  |  |  |  |  |  |  | Dyslexia / phonemic awareness, reading comprehension, or reading fluency problems |

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Spinal Galant Reflex

Student should be on hands and knees as if crawling. Make sure shirt is stretched taut.

Run a pen tip or thumb nail down each side of the spine. If not getting any movement or contraction, press hard with a finger on either side of the lower spine.

Symptoms of retained reflex:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Movement or contraction on either side of spine |  |  |  |  | Cannot sit still / fidgety |
|  |  |  |  | Hips flex |  |  |  |  | Short-term memory problems |
|  |  |  |  |  |  |  |  |  | Poor concentration / ADHD |
|  |  |  |  |  |  |  |  |  | Bedwetting beyond age 5 |
|  |  |  |  |  |  |  |  |  | Sensitive to tight clothing around waist |
|  |  |  |  |  |  |  |  |  | Difficulty with fine motor / handwriting |
|  |  |  |  |  |  |  |  |  | Makes noises to relieve pent-up energy |
|  |  |  |  |  |  |  |  |  | Coordination difficulties / dislikes P.E. |
|  |  |  |  |  |  |  |  |  | Incorrect hip rotation |
|  |  |  |  |  |  |  |  |  | Scoliosis |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  | Auditory processing disorders |
|  |  |  |  |  |  |  |  |  | Dyslexia / phonemic awareness, reading comprehension, or reading fluency problems |

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Asymmetrical Tonic Neck Reflex (ATNR)

Student gets into crawling position. Adjust student’s weight forward so that most of the weight is on the arms. Roll up sleeves so you can see arms. Elbows should be facing back.

Examiner gently holds head. Move head to one side all the way and hold for 5 seconds. Ask student to try to move it farther. Repeat, turning head the other way.

Symptoms of retained reflex:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  | Arms bowed |  |  |  |  | Balance and orientation problems (physical and mental) |
|  |  |  |  | Elbows facing out |  |  |  |  | Eyes don’t converge (turn-in together) well |
|  |  |  |  | Restricted movement of head |  |  |  |  | Left-Right confusion |
|  |  |  |  | Any movement of shoulders or back |  |  |  |  | Didn’t crawl |
|  |  |  |  |  |  |  |  |  | C-section babies at risk for ATNR |
|  |  |  |  |  |  |  |  |  | Late walker |
|  |  |  |  |  |  |  |  |  | Difficulty kicking a ball, riding a bike, hopping on one foot, swimming |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  | Difficulty crossing midline (i.e. cross crawl) |
|  |  |  |  |  |  |  |  |  | Auditory sensitivity |
|  |  |  |  |  |  |  |  |  | Speech problems |
|  |  |  |  |  |  |  |  |  | Excessive pencil pressure / hand cramps when writing |
|  |  |  |  |  |  |  |  |  | Difficulty copying |
|  |  |  |  |  |  |  |  |  | Discrepancy between oral and written performance |
|  |  |  |  |  |  |  |  |  | Difficulty reading small print |
|  |  |  |  |  |  |  |  |  | Dyscalculia, Dysgraphia, Dyslexia |
|  |  |  |  |  |  |  |  |  | Leans to side when writing / slanted margin |
|  |  |  |  |  |  |  |  |  | Poor motivation and impulse control. Desires everything now. Self-centered beyond age 7 |
|  |  |  |  |  |  |  |  |  | Aggressive |

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Symmetric Tonic Neck Reflex (STNR)

Student gets into crawling position. Adjust student’s weight forward so that most of the weight is on the arms. Roll up sleeves so you can see arms. Elbows should be facing back. Examiner gently holds head. Move head up and down.

Symptoms of retained reflex:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Arms bowed |  |  |  |  | Poor eye movements / tracking |
|  |  |  |  | Elbows facing out |  |  |  |  | Problems with near focus / farsighted |
|  |  |  |  | Restricted movement of head |  |  |  |  | Problems shifting from near to far |
|  |  |  |  | Head drops |  |  |  |  | Problems crawling (partial crawl, bear walk or scoot) |
|  |  |  |  | Tremors in body |  |  |  |  | Poor fine motor skills (writing, cutting, tying, zipping) |
|  |  |  |  | Shoulders or arms become tense |  |  |  |  | Difficulty with gross motor skills, especially using legs |
|  |  |  |  | Weight shifts away from arms |  |  |  |  | Low muscle tone |
|  |  |  |  |  |  |  |  |  | Slumping in chair, poor posture |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  | W-position when sitting;wrap legs around chair legs |
|  |  |  |  |  |  |  |  |  | Difficulty copying, especially from board |
|  |  |  |  |  |  |  |  |  | Dysgraphia |
|  |  |  |  |  |  |  |  |  | Dyslexia |
|  |  |  |  |  |  |  |  |  | Trouble with focus attention, and memory |
|  |  |  |  |  |  |  |  |  | Hyperactivity |
|  |  |  |  |  |  |  |  |  | Poor impulse control |
|  |  |  |  |  |  |  |  |  | Fearful |

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Babkin Palmomental

Student should be sitting with palms facing up. Push on the thenar muscle (big muscle of thumb). Any movement of mouth indicates that the reflex is not integrated.

Touch each side of student’s jaw to get a baseline of how much tension is in the TMJ (temporomandibular joint). Press thenar muscle and touch same side TMJ at the same time. Increase in tension in TMJ indicates that the reflex is not integrated.

Symptoms of retained reflex:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Any movement of mouth |  |  |  |  | Poor fine motor skills (writing, cutting, tying, zipping) |
|  |  |  |  | Increased tension in TMJ |  |  |  |  | Difficulty with gross motor skills such as running and walking |
|  |  |  |  |  |  |  |  |  | Habitual hunger |
|  |  |  |  |  |  |  |  |  | Movement of mouth or tongue when reading or writing |
|  |  |  |  |  |  |  |  |  | Hypersensitivity of palm when touched |
|  |  |  |  |  |  |  |  |  | Speech problems |
|  |  |  |  |  |  |  |  |  | Head-banging, pinching, biting |
|  |  |  |  |  |  |  |  |  | Social/emotional immaturity |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  | Feels inferior, inadequate, or fearful |
|  |  |  |  |  |  |  |  |  | Messy eater |
|  |  |  |  |  |  |  |  |  | Food allergies |
|  |  |  |  |  |  |  |  |  | Sucked thumb beyond 1 ½ years |
|  |  |  |  |  |  |  |  |  | Clenches jaw when fists clench |

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Head-Righting

Student should be sitting. Sit or stand behind him with your hands on his upper arms/shoulders. Have him look at a point in the distance. Gently move him from side to side and forward and back. Head should continually return to center.

Symptoms of retained reflex:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Head does not return to center |  |  |  |  | Bedwetting / lack of bladder control |
|  |  |  |  | Head and neck move as one unit |  |  |  |  | Problems with balance |
|  |  |  |  |  |  |  |  |  | Late walker |
|  |  |  |  |  |  |  |  |  | Difficulty kicking a ball, riding a bike, hopping on one foot, running, walking |
|  |  |  |  |  |  |  |  |  | Difficulty with coordinating eye, head, and hand (i.e. for writing) |
|  |  |  |  |  |  |  |  |  | Low muscle tone |
|  |  |  |  |  |  |  |  |  | Auditory processing problems |
|  |  |  |  |  |  |  |  |  | Difficulty processing rapidly approaching stimuli (i.e. to catch a ball) |
|  |  |  |  |  |  |  |  |  | Speech problems |
|  |  |  |  |  |  |  |  |  | Poor focus and concentration |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Testing Observations** | **Date** | **Characteristics/Behaviors** |
|  |  |  |  |  |  |  |  |  | Dyslexia |
|  |  |  |  |  |  |  |  |  | Poor memory |
|  |  |  |  |  |  |  |  |  | Slow cognitive processing skills / intellectual delays |
|  |  |  |  |  |  |  |  |  | Escape into own world; withdrawal |
|  |  |  |  |  |  |  |  |  | Lacks independence |
|  |  |  |  |  |  |  |  |  | Poor impulse control |

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

Date Negative Postive (reflex retained)

## Observations Baseline Notes

Student Start Date Noted by

On the first day working with the student in each area, make observation notes regarding student’s performance and response. This will help you understand needs and recognize progress.

|  |  |  |
| --- | --- | --- |
| Date | Target Area | Observations |
|  | Rhythm and Timing |  |
|  | Relaxation / Calming |  |
|  | Differentiation |  |
|  | Vestibular Stimulation |  |
|  | Moro Reflex |  |
|  | Spinal Galant |  |
|  | ATNR |  |
|  | STNR |  |

|  |  |  |
| --- | --- | --- |
| Date | Target Area | Observations |
|  | TLR |  |
|  | Balance / Mind-Body Control |  |
|  | Laterality and Flexibility |  |
|  | Midline / Bilateral |  |
|  | Visual Skills |  |
|  | Graphomotor |  |
|  | Aerobics |  |

# Developmental Checklists