Open Minds Changing Limits

Kensio House
THERAPEUTIC ACADEMY
c/o Cedar Crescent & Dorothea Drive, Sandown
021 879 9905
www.kensiohouse.co.za

APPOINTMENT REQUEST FORM

Thank you for your interest in Kensio House. Please complete this form to request a parental interview and/or trial-day assessment. Once submitted, together with the required documentation listed on page 2, our admissions team will contact you to confirm a suitable appointment time.

PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN 1

Full Name & Surname: _____

Relationship to Learner: _____

ID Number: _____

Mobile Number: _____

Email Address: _____

PARENT/GUARDIAN 2

Full Name & Surname: _____

Relationship to Learner: _____

ID Number: _____

Mobile Number: _____

Email Address: _____

Preferred method of contact: ☐ Phone ☐ Email ☐ WhatsApp

LEARNER INFORMATION

Full Name & Surname: _____

Date of Birth: _____ Current Grade: _____

Grade / Programme applying for: _____

Name by which learner is called (Nickname): _____

Learner Diagnosis: _____

PREVIOUS SCHOOL / CENTRE

Name of Previous School/Centre: _____

Last Grade Completed There: _____

Reason for considering Kensio House / areas of concern (e.g., academic, social, therapeutic support needed):

_____

_____

Initials:

PREFERRED APPOINTMENT

Preferred Date: _____ Alternative Date: _____

Please note appointments are only scheduled for afternoons, once classes have ended.

REQUIRED DOCUMENTATION

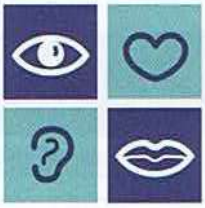
To help us properly prepare for your appointment, please email the following documentation, together with this completed form, to admn@kensiohouse.co.za prior to your visit:

Required Documentation	Yes	No	N/a
Copy of learner's birth certificate or passport			
Copy of parent's/guardian's ID(s) or passport			
Copy of latest school/centre report			
Completed sensory profile (to be completed below)			
Educational Psychologist report (if applicable)			
Occupational Therapist (OT) report (if applicable)			
Speech Therapist report (if applicable)			
Additional therapy reports (if applicable)			

Once we have received your completed form and documentation, our admissions team will be in touch to confirm your appointment. All learners are invited to spend three trial days at Kensio House prior to placement, during which we conduct a therapeutic and academic screening.

Parent/Guardian Signature: _____ Date: _____

Initials:



SENSORY PROFILE

Winnie Dunn, Ph.D., OTR, FAOTA

Caregiver Questionnaire

Child's Name: _____ Birth Date: _____ Date: _____

Completed by: _____ Relationship to Child: _____

Service Provider's Name: _____ Discipline: _____

INSTRUCTIONS

Please check the box that **best** describes the frequency with which your child does the following behaviors. Please answer all of the statements. If you are unable to comment because you have not observed the behavior or believe that it does not apply to your child, please draw an X through the number for that item. Write any comments at the end of each section. Please do not write in the Section Raw Score Total row.

Use the following key to mark your responses:

ALWAYS	When presented with the opportunity, your child always responds in this manner, 100% of the time.
FREQUENTLY	When presented with the opportunity, your child frequently responds in this manner, about 75% of the time.
OCCASIONALLY	When presented with the opportunity, your child occasionally responds in this manner, about 50% of the time.
SELDOM	When presented with the opportunity, your child seldom responds in this manner, about 25% of the time.
NEVER	When presented with the opportunity, your child never responds in this manner, 0% of the time.

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Sensory Processing

Item			A. Auditory Processing	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
	L	1	Responds negatively to unexpected or loud noises (for example, cries or hides at noise from vacuum cleaner, dog barking, hair dryer)					
	L	2	Holds hands over ears to protect ears from sound					
	L	3	Has trouble completing tasks when the radio is on					
	L	4	Is distracted or has trouble functioning if there is a lot of noise around					
	L	5	Can't work with background noise (for example, fan, refrigerator)					
	H	6	Appears to not hear what you say (for example, does not "tune-in" to what you say, appears to ignore you)					
	H	7	Doesn't respond when name is called but you know the child's hearing is OK					
	H	8	Enjoys strange noises/seeks to make noise for noise's sake					
			Section Raw Score Total					

Comments

Item			B. Visual Processing	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
	L	9	Prefers to be in the dark					
	L	10	Expresses discomfort with or avoids bright lights (for example, hides from sunlight through window in car)					
	L	11	Happy to be in the dark					
	L	12	Becomes frustrated when trying to find objects in competing backgrounds (for example, a cluttered drawer)					
	L	13	Has difficulty putting puzzles together (as compared to same age children)					
	L	14	Is bothered by bright lights after others have adapted to the light					
	L	15	Covers eyes or squints to protect eyes from light					
	H	16	Looks carefully or intensely at objects/people (for example, stares)					
	H	17	Has a hard time finding objects in competing backgrounds (for example, shoes in a messy room, favorite toy in the "junk drawer")					
			Section Raw Score Total					

Comments

Item			C. Vestibular Processing	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
→	L	18	Becomes anxious or distressed when feet leave the ground					
→	L	19	Dislikes activities where head is upside down (for example, somersaults, roughhousing)					
→	L	20	Avoids playground equipment or moving toys (for example, swing set, merry-go-round)					
→	L	21	Dislikes riding in a car					
→	L	22	Holds head upright, even when bending over or leaning (for example, maintains a rigid position/posture during activity)					
→	L	23	Becomes disoriented after bending over sink or table (for example, falls or gets dizzy)					
→	H	24	Seeks all kinds of movement and this interferes with daily routines (for example, can't sit still, fidgets)					
→	H	25	Seeks out all kinds of movement activities (for example, being whirled by adult, merry-go-rounds, playground equipment, moving toys)					
→	H	26	Twirls/spins self frequently throughout the day (for example, likes dizzy feeling)					
→	H	27	Rocks unconsciously (for example, while watching TV)					
→	H	28	Rocks in desk/chair/on floor					
			Section Raw Score Total					

Comments

Item			D. Touch Processing	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
	L	29	Avoids getting "messy" (for example, in paste, sand, finger paint, glue, tape)					
	L	30	Expresses distress during grooming (for example, fights or cries during haircutting, face washing, fingernail cutting)					
	L	31	Prefers long-sleeved clothing when it is warm or short sleeves when it is cold					
	L	32	Expresses discomfort at dental work or toothbrushing (for example, cries or fights)					
	L	33	Is sensitive to certain fabrics (for example, is particular about certain clothes or bedsheets)					
	L	34	Becomes irritated by shoes or socks					
	L	35	Avoids going barefoot, especially in sand or grass					
	L	36	Reacts emotionally or aggressively to touch					
	L	37	Withdraws from splashing water					
	L	38	Has difficulty standing in line or close to other people					
	L	39	Rubs or scratches out a spot that has been touched					
	H	40	Touches people and objects to the point of irritating others					
	H	41	Displays unusual need for touching certain toys, surfaces, or textures (for example, constantly touching objects)					
	H	42	Decreased awareness of pain and temperature					
	H	43	Doesn't seem to notice when someone touches arm or back (for example, unaware)					
	H	44	Avoids wearing shoes; loves to be barefoot					
	H	45	Touches people and objects					
	H	46	Doesn't seem to notice when face or hands are messy					
			Section Raw Score Total					

Comments

Item			E. Multisensory Processing	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
		47	Gets lost easily (even in familiar places)					
		48	Has difficulty paying attention					
	L	49	Looks away from tasks to notice all actions in the room					
	H	50	Seems oblivious within an active environment (for example, unaware of activity)					
	H	51	Hangs on people, furniture, or objects even in familiar situations					
	H	52	Walks on toes					
	H	53	Leaves clothing twisted on body					
			Section Raw Score Total					

Comments

Item			F. Oral Sensory Processing	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
	L	54	Gags easily with food textures or food utensils in mouth					
	L	55	Avoids certain tastes or food smells that are typically part of children's diets					
	L	56	Will only eat certain tastes (list:)					
	L	57	Limits self to particular food textures/temperatures (list:)					
	L	58	Picky eater, especially regarding food textures					
	H	59	Routinely smells nonfood objects					
	H	60	Shows strong preference for certain smells (list:)					
	H	61	Shows strong preference for certain tastes (list:)					
	H	62	Craves certain foods (list:)					
	H	63	Seeks out certain tastes or smells (list:)					
	H	64	Chews or licks on nonfood objects					
	H	65	Mouths objects (for example, pencil, hands)					
			Section Raw Score Total					

Comments

Modulation

Item			G. Sensory Processing Related to Endurance/Tone	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
		66	Moves stiffly					
	H	67	Tires easily, especially when standing or holding particular body position					
	H	68	Locks joints (for example, elbows, knees) for stability					
	H	69	Seems to have weak muscles					
	H	70	Has a weak grasp					
	H	71	Can't lift heavy objects (for example, weak in comparison to same age children)					
	H	72	Props to support self (even during activity)					
→	H	73	Poor endurance/tires easily					
→	H	74	Appears lethargic (for example, has no energy, is sluggish)					
			Section Raw Score Total					

Comments

Item			H. Modulation Related to Body Position and Movement	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
		75	Seems accident-prone					
		76	Hesitates going up or down curbs or steps (for example, is cautious, stops before moving)					
	L	77	Fears falling or heights					
	L	78	Avoids climbing/jumping or avoids bumpy/uneven ground					
	L	79	Holds onto walls or banisters (for example, clings)					
	H	80	Takes excessive risks during play (for example, climbs high into a tree, jumps off tall furniture)					
	H	81	Takes movement or climbing risks during play that compromise personal safety					
	H	82	Turns whole body to look at you					
	H	83	Seeks opportunities to fall without regard to personal safety					
	H	84	Appears to enjoy falling					
			Section Raw Score Total					

Comments

Item			I. Modulation of Movement Affecting Activity Level	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
	L	85	Spends most of the day in sedentary play (for example, does quiet things)					
	L	86	Prefers quiet, sedentary play (for example, watching TV, books, computers)					
	L	87	Seeks sedentary play options					
	L	88	Prefers sedentary activities					
	H	89	Becomes overly excitable during movement activity					
	H	90	"On the go"					
	H	91	Avoids quiet play activities					
			Section Raw Score Total					

Comments

Item			J. Modulation of Sensory Input Affecting Emotional Responses	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
		92	Needs more protection from life than other children (for example, defenseless physically or emotionally)					
	L	93	Rigid rituals in personal hygiene					
	H	94	Is overly affectionate with others					
	H	95	Doesn't perceive body language or facial expressions (for example, unable to interpret)					
			Section Raw Score Total					

Comments

Item			K. Modulation of Visual Input Affecting Emotional Responses and Activity Level	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
👁	L	96	Avoids eye contact					
👁	H	97	Stares intensively at objects or people					
👁	H	98	Watches everyone when they move around the room					
👁	H	99	Doesn't notice when people come into the room					
			Section Raw Score Total					

Comments

Behavior and Emotional Responses

Item			L. Emotional/Social Responses	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
♡		100	Seems to have difficulty liking self (for example, low self-esteem)					
♡		101	Has trouble "growing up" (for example, reacts immaturely to situations)					
♡		102	Is sensitive to criticisms					
♡		103	Has definite fears (for example, fears are predictable)					
♡		104	Seems anxious					
♡		105	Displays excessive emotional outbursts when unsuccessful at a task					
♡		106	Expresses feeling like a failure					
♡		107	Is stubborn or uncooperative					
♡		108	Has temper tantrums					
♡		109	Poor frustration tolerance					
♡		110	Cries easily					
♡		111	Overly serious					
♡		112	Has difficulty making friends (for example, does not interact or participate in group play)					
♡		113	Has nightmares					
♡		114	Has fears that interfere with daily routine					
♡		115	Doesn't have a sense of humor					
♡		116	Doesn't express emotions					
			Section Raw Score Total					

Comments

Item			M. Behavioral Outcomes of Sensory Processing	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
		117	Talks self through tasks					
		118	Writing is illegible					
		119	Has trouble staying between the lines when coloring or when writing					
		120	Uses inefficient ways of doing things (for example, wastes time, moves slowly, does things a harder way than is needed)					
	L	121	Has difficulty tolerating changes in plans and expectations					
	L	122	Has difficulty tolerating changes in routines					
			Section Raw Score Total					

Comments

Item			N. Items Indicating Thresholds for Response	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
		123	Jumps from one activity to another so that it interferes with play					
	H	124	Deliberately smells objects					
	H	125	Does not seem to smell strong odors					
			Section Raw Score Total					

Comments

FOR OFFICE USE ONLY

ICON KEY	
	Auditory
	Visual
	Activity Level
	Taste/Smell
	Body Position
	Movement
	Touch
	Emotional/Social

THRESHOLD KEY	
	Neither low nor high
L	Low
H	High

SCORE KEY	
1	Always
2	Frequently
3	Occasionally
4	Seldom
5	Never

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