

Sensational Kids Pediatric Therapy

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Interactive Metronome (IM) Parent Survey

Client Name: _____ Date: _____

Please circle the number that best corresponds with your child's behavior, one representing "strongly disagree" and 10 representing "strongly agree."

Daily Function Tasks

1. My child is able to remember lists and information heard.
1 2 3 4 5 6 7 8 9 10
strongly disagree **strongly agree**
2. My child is able to recall day-to-day events.
1 2 3 4 5 6 7 8 9 10
strongly disagree **strongly agree**
3. My child is generally well-organized.
1 2 3 4 5 6 7 8 9 10
strongly disagree **strongly agree**
4. My child exhibits good attention to task **without** distractions present.
1 2 3 4 5 6 7 8 9 10
strongly disagree **strongly agree**
5. My child exhibits good attention to task **with** distractions present.
1 2 3 4 5 6 7 8 9 10
strongly disagree **strongly agree**
6. My child has good handwriting.
1 2 3 4 5 6 7 8 9 10
strongly disagree **strongly agree**
7. My child is able to multi-task well. (Ex. Can talk while also writing.)
1 2 3 4 5 6 7 8 9 10
strongly disagree **strongly agree**
8. My child exhibits appropriate reaction to issues (doesn't overreact or get easily frustrated).
1 2 3 4 5 6 7 8 9 10
strongly disagree **strongly agree**
9. My child has good rhythm and ability to keep beat.
1 2 3 4 5 6 7 8 9 10
strongly disagree **strongly agree**

Communication Tasks

1. My child gives answers to yes/no questions appropriately.
1 2 3 4 5 6 7 8 9 10
strongly disagree **strongly agree**

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|----|---|--------------------------|---|---|---|---|---|---|---|-----------------------|----|
| 2. | My child can participate in conversation with unfamiliar people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | strongly disagree | | | | | | | | strongly agree | |
| | | | | | | | | | | | |
| 3. | My child communicates his/her emotions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | strongly disagree | | | | | | | | strongly agree | |
| | | | | | | | | | | | |
| 4. | My child can get someone's attention. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | strongly disagree | | | | | | | | strongly agree | |
| | | | | | | | | | | | |
| 5. | My child indicates understanding of things being said to him/her. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | strongly disagree | | | | | | | | strongly agree | |
| | | | | | | | | | | | |
| 6. | My child maintains eye contact during communication. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | strongly disagree | | | | | | | | strongly agree | |
| | | | | | | | | | | | |
| 7. | My child is able to maintain a topic of conversation. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | strongly disagree | | | | | | | | strongly agree | |

Please note any additional strengths, weaknesses or comments about your child below.
