Neuro-Developmental Reflex Program Review

Patient's name: _____ Age: _____ Date:_____

1. How often is your child performing their exercises?

2. Describe any difficulties in carrying out the exercises:

Check off any areas that your child is showing signs of improvement

- Sitting still
- Waiting quietly
- Reading without losing place
- Comprehension
- Spelling
- Math
- Toileting
- Speech
- Listening
- Understanding directions
- Balance
- Eye control/ Convergence
- Eye teaming
- Writing
- Interest in school
- Decreasing reversals
- Confidence
- Sports performance
- Telling time
- Knowing right from left
- Coordination
- Attention
- Muscle tone
- Alertness/ Energy level
- Social skills
- Motivation
- Decreased irritability

Other areas of improvement:

Areas of concern:

List topics you would like to discuss during the review: