

Test of Sensory Functions in Infants (TSFI)

Administration and Scoring Form

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Name of Infant: _____

Birth Date: _____ Date of Testing: _____

Age (in months): _____ Sex: ☐ M ☐ F

Reason for Referral: _____

Directions

Administer the test according to the instructions presented in the Manual (WPS Catalog No. W-262C). During administration, score the items and record the item scores on the other side of this form. Each item is scored using a numerical rating scale. The criteria for scoring are summarized on the back of this form and detailed in the Manual. Determine the infant's score on each item according to these criteria and enter the number on the right.

After administration, add the item scores for each subtest and enter

the total next to the subtest name. Add the five subtest scores to obtain the Total Test Score and enter that number on the bottom right of the page. Then transfer the subtest scores and the Total Test Score to the profile form below by entering the scores in the appropriate boxes under the column heading "Score."

To use the profile form, place an "X" in the box that includes the infant's score on each subtest and the Total Test. Complete the profile by connecting the X's.

Profile Form

Subtest	Score	4-6 months			7-9 months			10-12 months			13-18 months		
		Normal	At Risk	Deficient	Normal	At Risk	Deficient	Normal	At Risk	Deficient	Normal	At Risk	Deficient
Reactivity to Tactile Deep Pressure		9-10	8	0-7	9-10	8	0-7	9-10	8	0-7	9-10	8	0-7
Adaptive Motor Functions		7-15	6	0-5	11-15	10	0-9	14-15	13	0-12	15	14	0-13
Visual-Tactile Integration		4-10	3	0-2	9-10	7-8	0-6	9-10	7-8	0-6	9-10	7-8	0-6
Ocular-Motor Control		1-2		0	2	1	0	2	1	0	2	1	0
Reactivity to Vestibular Stimulation		10-12	9	0-8	10-12	9	0-8	10-12	9	0-8	11-12	10	0-9
Total Test		33-49	30-32	0-29	41-49	38-40	0-37	44-49	41-43	0-40	44-49	41-43	0-40

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Scoring Form

Item
Score

Subtest
Score

Scoring for Items 1-5: 0 = Adverse 1 = Mild Defensive 2 = Integrated

1. Response to Touch: Arms and Hands. Rub the outside of the infant's forearm firmly from elbow to palm, then rub the inside from the palm to the elbow. Repeat twice.
2. Response to Touch: Stomach. Firmly rub the infant's stomach—back and forth—3 times slowly. Repeat once.
3. Response to Touch: Soles of Feet. Firmly rub the infant's foot from heel to toes, back to heel, then up to toes again. Repeat once.
4. Response to Touch: Mouth. With finger, rub firmly around mouth in complete circle starting and ending at the midline of the upper lip.
5. Response to Touch: Held at Shoulder. Hold infant against your shoulder (stomach facing you) without bouncing or other movement for 10 seconds.

Reactivity to Tactile Deep Pressure Subtest Score

Scoring for Items 6a-10a: 0 = No Response 1 = Disorganized 2 = Partial 3 = Organized

- 6a. Adaptive Motor: Tape Placed on Hand. Place tape with red dot in the middle on the back of infant's hand, pressing the middle but leaving the ends free. Observe for 30 seconds.
- 7a. Adaptive Motor: Furry Mitt on Foot. Place the furry paw mitt on infant's foot. Observe 30 seconds before removing.
- 8a. Adaptive Motor: Squeak Toy on Stomach. While infant is resting on back, place rubber squeak toy on stomach. Remove after 30 seconds.
- 9a. Adaptive Motor: Paper on Face. While the infant is semireclining, place 8½" × 11" piece of paper on the infant's face. Observe for 30 seconds.
- 10a. Adaptive Motor: Yarn Around Both Hands. While infant is supine or sitting, have parent hold infant's hands together at midline. Wrap yarn loosely around infant's hands. Remove yarn after 20 seconds if infant does not remove it.

Adaptive Motor Functions Subtest Score

Scoring for Items 6b-10b: 0 = Hyperreactive 1 = Hyporeactive 2 = Normal

- 6b. Visual-Tactile: Tape Placed on Hand. Score Item 6a for visual-tactile integration.
- 7b. Visual-Tactile: Furry Mitt on Foot. Score Item 7a for visual-tactile integration.
- 8b. Visual-Tactile: Squeak Toy on Stomach. Score Item 8a for visual-tactile integration.
- 9b. Visual-Tactile: Paper on Face. Score Item 9a for visual-tactile integration.
- 10b. Visual-Tactile: Yarn Around Both Hands. Score Item 10a for visual-tactile integration.

Visual-Tactile Integration Subtest Score

Scoring for Item 11: 0 = No Response 1 = Integrated

11. Eye Lateralization: Orange Tennis Ball. While infant is supine or sitting, interest infant in toy at midline, then hold orange tennis ball in the infant's peripheral visual field and slowly move to central visual field in an arc.

Scoring for Item 12: 0 = Poorly Integrated 1 = Well Integrated

12. Visual Tracking: Finger Puppet. With infant supine or sitting, hold finger puppet in front of infant, 12 to 18 inches away just below eye level. Move puppet horizontally to left and then across midline to the right. Then move the puppet in vertical plane, and lastly, in a circle. Prompt with "watch the puppet" if the infant loses attention.

Ocular-Motor Control Subtest Score

Scoring for Items 13, 14a, 15a, 16, 17: 0 = Adverse 1 = Mildly Defensive 2 = Integrated

13. Response to Movement: Vertical Plane. Hold infant upright while you are standing. Say, "We're going to go up and down. Here we go." Move infant up and down 3 times.
- 14a. Response to Movement: Circular to the Right. Hold infant around the thorax. Say, "Now let's go around." Complete a 360-degree turn to the right in about 2 seconds.
- 15a. Response to Movement: Circular to the Left. Hold infant around the thorax. Say, "Now let's go around." Complete a 360-degree turn to the left in about 2 seconds.
16. Inverted: Prone. Hold infant around thorax. Say, "Now let's go upside down." Lower infant's head toward the floor, hold for 1 second, then resume upright position.
17. Inverted: Supine. Hold infant around thorax. Say, "Upside down again." Lower infant's head toward floor face up, supporting the neck of younger infants. Hold position briefly and return to upright position.

Scoring for Items 14b and 15b: 0 = No Nystagmus 1 = Presence of Nystagmus

- 14b. Nystagmus: Right. Score Item 14a for nystagmus.
- 15b. Nystagmus: Left. Score Item 15a for nystagmus.

Reactivity to Vestibular Stimulation Subtest Score

Total Test Score