

Name _____ Date of Birth _____

OCCUPATIONAL THERAPY

Has your child ever had Occupational Therapy? YES NO

Date: _____ Location: _____

What were they working on?

_____ Do

you have concerns about your child's fine motor, gross motor, or sensory processing skills?

YES NO

IF YES, please explain:

_____ Is your

child aware of, or frustrated by, any current difficulties, fine motor, gross motor, or sensory?

YES NO

IF YES, please explain:

Describe any problems or unusual habits/preference with activities of daily living:

Is your child's pain threshold:

Higher than expected Lower than expected Inconsistent No Problems

Seeks comfort for injury/pain

Does your child enjoy:

Taking a bath? YES NO

Playing on swings? YES NO

Rough housing? YES NO

Is your child overly sensitive to bright lights? YES NO

Tags on clothing? YES NO

Does your child have difficulty falling asleep? YES NO

Does your child resist tooth brushing? YES NO

Staying asleep? YES NO

Name _____ Date of Birth _____

ADL CHECKLIST

Dressing: Please circle one

SOCKS- INDEPENDENT/NEEDS ASSIST
SHOES- INDEPENDENT/NEEDS ASSIST
UNDERWEAR- INDEPENDENT/NEEDS ASSIST
PANTS- INDEPENDENT/NEEDS ASSIST
SHIRT (PULLOVER)- INDEPENDENT/NEEDS ASSIST
SHIRT (FRONT BUTTON)- INDEPENDENT/NEEDS ASSIST
JACKET- INDEPENDENT/NEEDS ASSIST

UNDRESSING: PLEASE CIRCLE ONE

SOCKS- INDEPENDENT/NEEDS ASSIST
SHOES- INDEPENDENT/NEEDS ASSIST
UNDERWEAR- INDEPENDENT/NEEDS ASSIST
PANTS- INDEPENDENT/NEEDS ASSIST
SHIRT (PULLOVER)- INDEPENDENT/NEEDS ASSIST
SHIRT (FRONT BUTTON)- INDEPENDENT/NEEDS ASSIST
JACKET- INDEPENDENT/NEEDS ASSIST

FASTENERS: PLEASE CIRCLE ONE

BUTTONS (UNBUTTONING)- INDEPENDENT/NEEDS ASSIST
BUTTONS (BUTTONING)- INDEPENDENT/NEEDS ASSIST
JOINING ZIPPER- INDEPENDENT/NEEDS ASSIST
ZIPPING UP AND DOWN- INDEPENDENT/NEEDS ASSIST
BELT- INDEPENDENT/NEEDS ASSIST
SHOE TYING- INDEPENDENT/NEEDS ASSIST

FEEDING: PLEASE CIRCLE ONE

FINGER FEEDING- INDEPENDENT/NEEDS ASSIST
USES SPOON- INDEPENDENT/NEEDS ASSIST
USES FORK- INDEPENDENT/NEEDS ASSIST
CUTS FOOD- INDEPENDENT/NEEDS ASSIST
DRINKS FROM OPEN CUP- INDEPENDENT/NEEDS ASSIST
DRINKS FROM STRAW- INDEPENDENT/NEEDS ASSIST

SELF-CARE: PLEASE CIRCLE ONE

BATHING- INDEPENDENT/NEEDS ASSIST
WASHES HAIR- INDEPENDENT/NEEDS ASSIST
BRUSHES HAIR- INDEPENDENT/NEEDS ASSIST
BRUSHES TEETH- INDEPENDENT/NEEDS ASSIST
TOILETING- INDEPENDENT/NEEDS ASSIST
WASHING HANDS- INDEPENDENT/NEEDS ASSIST