

**OCCUPATIONAL/ PHYSICAL THERAPY INFORMATION**

Today's Date: \_\_\_\_\_ Form Completed by: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**MOTOR DEVELOPMENT:**

At what age did your child:

Begin solid foods	_____	Sit independently	_____
Belly crawl	_____	Creep (crawl)	_____
Walk	_____	First words	_____

How would you describe your child's motor development?

	Advanced	Normal	Slow
Gross motor (running, jumping, ball play)			
Fine motor ( beading, lacing, cutting)			
Handwriting/coloring skills			
General coordination			
General balance			

Comments: \_\_\_\_\_

\_\_\_\_\_

**SELF-CARE SKILLS:**

Eating:

Can your child:	Yes	Sometimes	No
eat independently?	_____	_____	_____
use utensils effectively?	_____	_____	_____
drink from an open cup?	_____	_____	_____
tolerate different textures?	_____	_____	_____
try new things?	_____	_____	_____
sit for the duration of the meal?	_____	_____	_____

Dressing:

Which of the following describes your child?

\_\_\_\_\_ Completely dresses self- independently, including snaps and zippers.

\_\_\_\_\_ Usually dresses self, but may need some reminders or help with fasteners

- \_\_\_\_\_ Is physically capable of dressing self, but is easily distracted or has difficulty sequencing
- \_\_\_\_\_ Can manage basic pull on/pull of clothings
- \_\_\_\_\_ Tries to help
- \_\_\_\_\_ Frequently resistive

Grooming:

Which of the following describes your child?

- \_\_\_\_\_ Independently and thoroughly cares for hair and teeth
- \_\_\_\_\_ Independently washes/dries hands
- \_\_\_\_\_ Makes efforts at grooming but needs help for thoroughness
- \_\_\_\_\_ Tolerates grooming routines
- \_\_\_\_\_ Resists grooming
- \_\_\_\_\_ Resists baths
- \_\_\_\_\_ Resists shampooing

Toileting:

Which of the following describes your child?

- \_\_\_\_\_ Independent in toileting day and night
- \_\_\_\_\_ Independent in daytime only
- \_\_\_\_\_ Learning to be independent, but has accidents
- \_\_\_\_\_ Delayed in independence in comparison to peers
- \_\_\_\_\_ Completely dependent

**SOCIAL/EMOTIONAL:**

Please describe any difficulties your child may have or had in the following areas:

Daycare \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preschool \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kindergarten \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Elementary School \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interacting with peers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participating in groups \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participating in busy environments (e.g. restaurants, grocery store) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Handling unexpected change \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recovering when angry or upset \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_