



Occupational
Therapy Whitsunday

PLAY . DEVELOP . SUCCEED
ENABLING THE OCCUPATION OF KIDS AND TEENS

Parent Questionnaire - Your child's abilities, interests and needs.

I read all the information provided, it helps me appreciate the whole child and determines where the Occupational Therapy programme should start. You are welcome to attach drawing, writing, photos or video if you feel they will be of assistance. Please return prior to the initial appointment.

Your child's name _____ Date of Birth _____

Parent name _____

Mobile _____

Email _____

Works at _____

Other Parent name _____

Mobile _____

Email _____

Works at _____

Siblings names, ages, any developmental difficulties and/or family history of learning problems.

Relevant birth and baby history

Medical history, including tests, diagnosis as applicable

Has hearing been tested and the outcome

Has vision been tested and the outcome

Name of school/day-care / kindy and phone number

Name of teacher and email

Does your child receive additional support, please describe



What are you child's talents and interests?

How does your child manage sleeping, eating, drinking and mealtimes?

How does your child manage un/dressing, bathing, grooming and toileting?

How does your child help around home?

How does your child manage friendships and social situations?

Describe your child's planning and organisational skills

How does your child perform gross motor activities, games and sports?

How does your child perform fine motor play, construction, art, craft?

How does your child perform drawing, pre writing and writing activities?

Describe your child's behaviour:

What are the main concerns you have for your child at this time?

Please provide me with any other relevant information.
