

**Occupational Therapy Additional Information - Please complete all sections, indicating if not applicable. Please send copies of any relevant reports.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** |  | **DOB** |  | **Person Completing form:** |  | **Relationship to Child** |  |
| **Main concerns about the child:** |
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| **Reasons for these concerns:** |
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| **Does the child have difficulties in the following areas?** |
| **SELF-CARE** |
| Dressing/undressing e.g. fastenings, sequencing and orientation of clothing, positioning, organisation of clothing. | **Yes / No** | **If yes, please specify:** |
| Mealtimes e.g. using cutlery, drinking from a cup, sitting ability. | **Yes / No** | **If yes, please specify:** |
| Toileting e.g. unable to wipe self, or sit independently, transfers on/off toilet. | **Yes / No** | **If yes, please specify:** |
| Bathing/Personal Hygiene e.g. unable to sit in bath/unable to get in/out bath, cannot wash self. | **Yes / No** | **If yes, please specify:** |
| **PLAY AND LEISURE** |
| Ability to access and use a variety of play/leisure activities e.g. positioning for play, sitting ability, mobility, hand skills (using two hands together and manipulating small items/tools). | **Yes / No** | **If yes, please specify:** |
| Ability to plan and organise movements, e.g. to ride a bike, use playground equipment, swim. | **Yes / No** | **If yes, please specify:** |
| Does the child participate in a fine motor programme e.g. Clever Hands?  | **Yes / No** | **If yes, please specify:** |
| **SCHOOL** |
| Ability to access curriculum, e.g. sitting ability, mobility, P.E. type activities. | **Yes / No** | **If yes, please specify:** |
| Ability to plan and organise self around the school environment, e.g. orientation to classroom, items needed within school, organisation of school equipment. | **Yes / No** | **If yes, please specify:** |
| Does the child participate in a movement programme, e.g. Fizzy | **Yes / No** | **If yes, please specify:** |
| Ability to complete written work, e.g. pencil grip/control, legibility, speed/endurance (reversals after the age of 7 years). | **Yes / No** | **If yes, please specify:** |