|  |  |
| --- | --- |
| Logo.jpg | Children’s Community Occupational TherapyCornwallis HouseCornwallis Rd Oxford OX4 3NHTel: 01865 904464 **Website:** <http://www.oxfordhealth.nhs.uk/children-and-young-people/oxon/integrated-therapies/occupational-therapy-2/> |
|  |  |

Occupational Therapy

Parent Questionnaire

Child’s name: ............................... Date of birth: ...................NHS Number.........................

Please fill in this questionnaire about your child. It will help us understand your child’s strengths and difficulties and whether Occupational Therapy Intervention is appropriate. Please return to the above address.

1. Does your child have any medical conditions / is there anything else we should be aware of that impacts your child?

..............................................................................................................................................

..............................................................................................................................................

2. What are your child’s strengths and activities they like to participate in?

..............................................................................................................................................

..............................................................................................................................................

..............................................................................................................................................

3. How is your child progressing with their learning?

..............................................................................................................................................

..............................................................................................................................................

..............................................................................................................................................

4. What are your current concerns about how your child participates in daily activities in different settings? e.g. dressing, eating, educational activities

..............................................................................................................................................

..............................................................................................................................................

..............................................................................................................................................

5. What daily activities would you like your child to be more successful in / Occupational Therapy to help with? Please list these in order of importance and rate their current ability and satisfaction with this

|  |  |  |
| --- | --- | --- |
| **Activity** | **Ability** | **Satisfaction** |
| e.g.Eat independently with a spoon | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| 1. | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| 2. | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| 3. | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| 4. | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| 5. | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |

Ability: 1= not able to do it at all 🡺10 = able to do it extremely well

Satisfaction: 1 = not satisfied at all 🡺 10 = extremely satisfied

6. Is there anything that your child wants to be able to do better?

..............................................................................................................................................

..............................................................................................................................................

..............................................................................................................................................

Signed: ............................................................................ parent/guardian (please delete)

Date: .................................................

Thank you for completing this questionnaire. The information provided is confidential.