|  |  |
| --- | --- |
| Logo.jpg | Children’s Community Occupational Therapy ServiceAbingdon HospitalMarcham RoadAbingdonOX14 1AGTel: 01865 904114 **Website:** <http://www.oxfordhealth.nhs.uk/children-and-young-people/oxon/integrated-therapies/occupational-therapy-2/> |

## Occupational Therapy

## Teacher Questionnaire

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this questionnaire and add extra comments as required. Your assistance is appreciated, as this information is vital in obtaining a “complete picture” of this child. Please return this form to the above address. If you have any further questions please do not hesitate to contact Occupational Therapy on: 01295 819179/80

# Performance in daily activities at school:

Compared to their peers, please comment on this child:

* Strengths :

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* Concerns :

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* What is the child’s learning level? (all subjects) Is it above expected, expected, below average?

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* Does the child have Special Educational Needs? YES/NO

If yes, please attach their IEP (Individual Education Plan), statement or Education Health Care Plan

**What daily activities would you like the 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.Independently change for PE | 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

**Additional Comments**

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Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you very much for your time in completing this questionnaire.*