|  |  |
| --- | --- |
|  | Children’s Integrated Therapies – Occupational TherapyOrchard Health Centre Cope Road, Banbury  OX16 2EZ  Tel: 01865 904435  Email: [oxonchildrens.therapies@oxfordhealth.nhs.uk](mailto:oxonchildrens.therapies@oxfordhealth.nhs.uk) |

Occupational Therapy Parent Questionnaire

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

School Name:……………………………

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. Please could you tell us about how your child completes the following activities – what can they do and what do they find difficult.

|  |  |
| --- | --- |
| **Daily Activities** | **How your child completes the activity** |
| Dressing |  |
| Eating and Drinking |  |
| Toileting |  |
| Personal Care e.g. washing, teeth cleaning, hair care |  |
| Drawing / Writing |  |
| Out of school activities |  |

5. What are your current concerns about your child

|  |
| --- |
|  |

6. 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, starting with the most important

|  |  |
| --- | --- |
| **Priority Areas for Occupational Therapy Intervention** | **Strategies Already Tried** |
| e.g. Eat independently with a spoon | e.g. Trialling different type spoons, holding child’s hand on a spoon to help them take it to their mouth |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

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

|  |
| --- |
|  |

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

Parental Email Address:………………………………………………………………..

Telephone Number: ……………………………………………………………… Date: .................................................

Our website provides lots of information to support the development of daily activities and functional skills - [www.oxfordhealth.nhs.uk/childrens-occupational-therapy/resources/](http://www.oxfordhealth.nhs.uk/childrens-occupational-therapy/resources/)

Thank you for completing this questionnaire. Please return vie email to [oxonchildrens.therapies@oxfordhealth.nhs.uk](mailto:oxonchildrens.therapies@oxfordhealth.nhs.uk) or via post to the address above