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**Children’s Integrated Therapies – Occupational Therapy**

Orchard Health Centre

Cope Road, Banbury

OX16 2EZ

Tel:  01865 904435

Email: oxonchildrens.therapies@oxfordhealth.nhs.uk

## Occupational Therapy Teacher Questionnaire

**Child’s Name:**

**School:**

**Year:**

Please complete this essential questionnaire in order for an OT referral to be considered and to get a “complete picture” of the child. Please return this form to the above address.

**Learning:**

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

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

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| --- | --- |
| **Daily Activities**  | **How your child completes the activity**  |
| Changing for PE    |       |
| Eating and Drinking  |       |
| Toileting     |      |
| Scissor Skills   |   |
| Drawing / Writing   |       |

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.      |   |

**Any other comments:**

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|  |

Date:

Teacher / SENCO Name:

Email Address:

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