**Occupational Therapy Additional Information**

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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:** | | | |

**Please complete all sections and indicate where not applicable. Please send copies of any relevant reports.**