**PARENT QUESTIONNAIRE**

**Dear** Click or tap here to enter text.

Your child, Click or tap here to enter text., has been referred for an Occupational Therapy Assessment, by Click or tap here to enter text.

Could you please complete this questionnaire with as much detail as possible as your opinions and impressions of your child’s abilities and challenges are an important part of a comprehensive assessment of your child.

**EARLY CHILDHOOD HISTORY:**

**Did you experience any illnesses or accidents during your pregnancy?**

[ ] Yes [ ] No

**Describe:** Click or tap here to enter text.

**Were there any difficulties during your pregnancy or birth of your child?**

[ ] Yes [ ] No

**Describe**: Click or tap here to enter text.

**Was your child premature, jaundiced or blue at birth?** Click or tap here to enter text.

**At what week was your child born?** Click or tap here to enter text.

**What was your child’s birth weight?** Click or tap here to enter text.

Were there any significant childhood illnesses? Eg. Measles, mumps, chicken pox etc.

 Click or tap here to enter text.

**Did your child ever suffer from ear infections?** Click or tap here to enter text.

**If so, how long?** Click or tap here to enter text.

**Did your child ever have grommets inserted?** Click or tap here to enter text.

**At what age?** Click or tap here to enter text.

**For how long?** Click or tap here to enter text.

**Any other significant medical condition?** Click or tap here to enter text.

**Any challenges with sleep?** Click or tap here to enter text.

**Any challenges with breathing?** Click or tap here to enter text.

**Describe in detail your child’s diet:**

**during the week:** Click or tap here to enter text.

**and at weekends:** Click or tap here to enter text.

**At what age did your child**

**Sit up?** Click or tap here to enter text.

**Crawl?** Click or tap here to enter text.

**Walk?** Click or tap here to enter text.

**Talk?** Click or tap here to enter text.

**At what age was your child toilet trained?** Click or tap here to enter text.

**SENSORY HISTORY**

**Describe your child’s response to the following sensations:** **cuddling, tickling, barefoot, clothes (wool, labels, seams), tastes, smells, sounds, messy play, bathing, hair washing, nail cutting, swimming, tumbling, spinning, car rides,**

**Likes a lot:** Click or tap here to enter text.

**Dislikes a lot:** Click or tap here to enter text.

**Doesn’t mind:** Click or tap here to enter text.

**Please indicate, if possible, the date and results of your child’s most recent:**

**Hearing test:** Click or tap here to enter text.

**Vision test:** Click or tap here to enter text.

**MOVEMENT ABILITY**

**Below are some examples of gross motor skills. Does your child have challenges with any of these? Describe which your child is good at and which skills they may find challenging:**

**Enjoys:** Click or tap here to enter text.

**Challenging:** Click or tap here to enter text.

(**Examples:** **Walking, hopping, running, jumping, skipping, skipping with a rope, throwing a ball, catching a ball, kicking a ball, balancing on one leg, walking up and down stairs independently)**

**Below are some examples of fine motor skills. Describe which of these your child enjoys and which they struggle with:**

**Enjoys:** Click or tap here to enter text.

**Struggles:** Click or tap here to enter text.

**(Examples: Pencil skills (printing, drawing, colouring, tracing), typing, cutting with scissors, building with blocks, completing puzzles, pouring a drink, using utensils, doing up buttons, zips, laces)**

**Does your child prefer their RIGHT HAND or their LEFT HAND for printing, brushing teeth, combing hair?** Click or tap here to enter text.

**SOCIAL COMMUNICATION:**

**Does your child often get confused when you give them directions:**

 **-to go somewhere,** Click or tap here to enter text.

**-to do a particular task,** Click or tap here to enter text.

**Do you have to repeat instructions to your child?** Click or tap here to enter text.

**Does your child seem to lose concentration easily?** Click or tap here to enter text.

**Is your child easily distracted?** Click or tap here to enter text.

**Does your child ask for help?** Click or tap here to enter text.

**Does your child make friends easily?** Click or tap here to enter text.

**SCHOOL:**

**Does your child’s behaviour appear the same at home and at school?** Click or tap here to enter text.

**How does your child manage their homework?** Click or tap here to enter text.

**Does your child require any special assistance from their teacher or other adult?**

 Click or tap here to enter text.

**Is your child involved in any other programs that take them out of the regular classroom?**

 Click or tap here to enter text.

**Is your child making friends?** Click or tap here to enter text.

**Is your child able to manage overwhelming emotions? (quick to anger, frequently sad, distracted)**

 Click or tap here to enter text.

**Does your child have challenges with the following?**

[ ] flexibility,

[ ] Impulse control

[ ] persisting with a task,

[ ] motivation,

[ ] starting a task,

[ ] remembering instructions to complete a task

**If you checked one or more boxes above, please describe the challenge/s:**

 Click or tap here to enter text.

**Is there anything else about your child you would like to share with me?** Click or tap here to enter text.

Thank you for completing the form.

Please return to:

ShamalaManilall@gmail.com

Cell: 780 708-3024