Central West LHIN

REFERRAL TO OCCUPATIONAL THERAPY AND/OR PHYSIOTHERAPY
HOME SCHOOL PARENT QUESTIONNAIRE

STUDENT NAME: _____ **D.O.B.** _____
Print surname, first name **Day/Month/Year**

FINE MOTOR SKILLS	**YES**	**NO**	**UNSURE or N/A**
Does your child consistently use a dominant hand? ***If yes, which hand (please circle): Right Left***			
Is your child able to cut with scissors appropriately and independently?			
Is your child able to hold a pencil/pen/crayon appropriately? (e.g. using 3 fingers/tripod grip towards tip of pencil)			
Is your child's printing legible?			
Does your child color within the lines?			
Do your child's drawings include detail and proportion?			
Can your child easily fit toy pieces together (e.g. Lego, puzzles)?			
Does your child enjoy and/or willingly participate in fine motor activities (e.g. stacking blocks, stringing beads, playing with dough, finger painting, etc.)?			
Does your child report pain or fatigue in the hand, wrist, arm or shoulder when performing fine motor activities?			
COMMENTS:			

GROSS MOTOR SKILLS	**YES**	**NO**	**UNSURE or N/A**
Can your child walk independently? ***If yes, check all that apply: __forward ___ backward ___sideways***			
Does your child appear well coordinated (e.g. runs, hops, skips, etc.)?			
Can your child independently peddle a tricycle?			
Can your child independently peddle a two-wheeled bicycle? ***If yes, please specify: ___ with training wheels ___ without training wheels***			
Does your child play on playground/outdoor equipment? (e.g.. swings, slide, scooter, climbing apparatus, etc.)			
Does your child demonstrate age-appropriate endurance for active recreational and playground play?			
Is your child aware of personal safety on outdoor/playground equipment?			
Does your child demonstrate accuracy when throwing and catching balls?			
Can your child kick a stationary ball?			
Does your child know parts of the body?			
Does your child move to music or song with rhythm (e.g. clapping, marching, etc.)?			
Is your child able to play with peers in his own age group?			
Is your child prone to falls? ***If yes, when was his/her last fall:*** _____ ***Date***			
Can your child climb up and down stairs without tripping?			
Does your child participate in recreational/extra-curricular activities? ***If yes, please identify:*** _____			
COMMENTS:			

STUDENT NAME:_____ DATE OF BIRTH:_____

ACTIVITIES OF DAILY LIVING	**YES**	**NO**	**UNSURE or N/A**
Is your child independent with dressing and undressing? ***If yes, check all that apply: _____ indoor clothing _____outdoor clothing***			
Is your child able to independently manage clothing fasteners? (e.g. zippers, buttons)			
Can your child tie his/her own shoes?			
Is your child independent with toileting?			
Is your child independent with hygiene activities (e.g. hand washing, brushing teeth)?			
Can your child independently open and manage food containers (e.g. jars, bottles, juice boxes) at meal times?			
Can your child independently use cutlery? (e.g. spoon, fork, etc.)			
COMMENTS:			

ORGANIZATIONAL & COGNITIVE SKILLS	**YES**	**NO**	**UNSURE or N/A**
Is your child able to concentrate and focus on an activity? ***If no, what is student's maximum concentration/attention span? _____min.***			
Is your child able to follow verbal instructions?			
Is your child able to follow written instructions?			
Does your child understand and follow household rules?			
Is your child able to organize his/her workspace?			
Does your child keep his/her room tidy (e.g. puts clothes/toys away)?			
Is your child able to work independently to task completion?			
Is your child able to transition from one activity to another without difficulty or support?			
Does your child accept changes in routine easily?			
Does your child finish activities within time allotted?			
Is your child able to keep track of his/her personal and school materials?			
COMMENTS:			

Is your child motivated to participate in therapy sessions? Please comment.

_____
_____
_____

Please list 3 primary areas of concern you have about your child. If written work is of concern, please provide a sample.

1. _____

2. _____

3. _____

Parent's Signature: _____ **Date:** _____