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|  | **A university teaching and research-active Trust****Families, Young People and Children’s Services****Therapy Services**Bridge Park PlazaBridge Park RoadThurmastonLeicesterLE4 8PQTelephone: 0116 2952495www.leicspart.nhs.uk |

**Skills Questionnaire for completion by Parents / Carers**

***When completing this questionnaire please consider how important each activity is to both you and your child.***

***This will help us to make sure we can meet your child’s needs in the best possible way.***

***Please answer as many questions as you are able, some questions may not be appropriate***

***Please return this questionnaire to the above address within 2 weeks of the date of this letter.***

|  |  |  |
| --- | --- | --- |
| **Re:**  | **D.O.B:**  | NHS No:  |
|  |
| Completed by (name and relationship to child): | Date completed:- |
| Main areas of concern (please continue on a separate sheet if needed): |
| Does your child have a diagnosis?: |
| Has your child been seen by an Occupational Therapist in the past?: |

|  |
| --- |
| Have school expressed any concerns?: |
| What are your child’s learning skills?: |
| What support does your child have in school? |

***Please circle the number alongside the activity below to rate where you think your child may have needs:-***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Needs maximum help** |  |  |  |  |  | **No help required** | **Importance to you or your child** |
| Undressing | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Dressing | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Buttons | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Shoelaces | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Zips | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Using a knife and fork | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Eating neatly | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Opening packets,eg crisps | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Pouring a drink | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Wiping self after toilet | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Tucking in clothes after toilet | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Brushing teeth | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Washing themselves | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |

***Please circle the number alongside the activity below to rate where you think your child may have needs:-***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Needs maximum help** |  |  |  |  |  | **No help required** | **Importance to you or your child** |
| Throwing and catching a small ball | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Bounce a large ball onto the floor and catch it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Kick a football with force and direction | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Jump on and off bottom stair | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Ride a bike without stabilisers | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Climb on and off outdoor play equipment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High    Low |
| Run smoothly and with control | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| **Balance** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Sitting on school chair | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Cutting with scissors | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| Copying from the board | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| **Handwriting/****Pencil Skills** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| **Drawing** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| **Playing with toys** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High   Low |
| **Mobility – Can your child walk independently?** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | High    Low |

**Please tick if your child uses any of the following:**

 **Wheelchair Walking aid**

***Thank you for taking the time to complete this questionnaire***