

OCCUPATIONAL THERAPY TEACHER QUESTIONNAIRE

A. GENERAL

Date: _____

Child's Name: _____

Age: _____

Class: _____

Teacher's Name and Surname: _____

How long as the child been in your class: _____

B. SCHOOL PERFORMANCE

Please supply more details where necessary.

1. Is the child happy at school? Please elaborate: _____

2. Is the child able to separate from his/her parents appropriately? _____

3. Is the child frequently irritable or clingy? _____

4. How does the child cope in group sessions eg morning ring? _____

5. Is the child able to follow simple instructions? If so how many steps? _____

6. Does the child tend to fidget excessively in class? _____

7. Is the child easily distracted by sights and sounds etc? _____

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8. Is the child overly active and hard to calm down? _____
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9. Does the child interact with his/her peer group? _____
-
10. Does the child frequently bump and push other children and tend to play too rough with others? _____
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11. Does the child over or under react to physically painful experiences? If so, which one. Please elaborate: _____
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12. Does the child tend to withdraw from a group or seem irritable in close quarters? _____
-
13. Does the child cope with one on one instruction? _____
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14. What is the quality of the child's fine motor skills (drawing, colouring etc)? _____
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15. Describe the child's concept development (numbers, shapes, colours etc)? _____
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16. What part of the school day does the child like/dislike? _____
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17. Does the child have difficulty/enjoy/avoid gross motor play (eg climbing frames, swings)? _____
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18. Does the child appear to have difficulty with balance or fall/bump into things frequently? _____
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19. Does the child appear to fear/enjoy falling or heights? _____
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20. What type of play does the child choose to engage in most frequently? _____

21. Are there any activities that the child avoids in class? _____

22. Does the child sit with a slouch or partly on and off the chair or does the child prefer to stand to work? _____

23. Describe the child's level of independence:

- Is the child toilet trained/able to follow toileting routine? _____
 - Is the child able to dress him/herself? _____
 - Trousers, shirts, shoe or socks? _____
 - Buttons: _____
 - Zips: _____
 - Shoelaces: _____
 - Buckles: _____
 - Does the child eat with a spoon, knife, fork? _____
 - Is s/he a messy or fussy eater? _____
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25. What is the child's level of communication and do you use any alternative communication techniques with the child? _____

25. Have you or has any other teacher implemented strategies to assist the child? If so, are these helpful? _____

26. Do you have any other concerns not covered above? Please elaborate _____

SIGNATURE OF TEACHER: _____ **DATE:** _____