



OCCUPATIONAL THERAPY TEACHER QUESTIONNAIRE

Dear Teacher

A child in your class has been referred for an occupational therapy assessment. I would be grateful if you could please answer the following questions to enable me to have a clear understanding of the child's present difficulties. Please can you return the completed form to the child's parents or email it directly to me. Thank you.

A. GENERAL

Date: _____

Child's Name: _____

Age: _____

Grade: _____

Teacher's Name and Surname: _____

School: _____

Address: _____

Telephone Number: _____

Email Address: _____

B. SCHOOL PERFORMANCE

Please supply more details where necessary.

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

2. Where does the child sit in the classroom? Is this by choice or by direction? _____

3. Does the child have difficulty copying or carrying out instructions? _____

4. Does the child tend to fidget excessively in class or during particular subjects? _____

5. Does the child frequently bump and push other children and tend to play too rough with others?

6. Does the child complain when other children 'bump' into him/her? _____

7. Does the child over or under react to physically painful experiences? If so, which one.

Please elaborate: _____

8. Does the child tend to withdraw from a group or seem irritable in close quarters? _____

9. Does the child have any extra support in the classroom? _____

10. Is the child receiving any other support through the school (eg remedial, bridging, extra lessons)? _____

11. Does the child have difficulty organising him/herself ? _____

12. Is the child's work messy? _____

13. Does the child have difficulty with PE/games including getting changed? _____

14. Does the child appear to have difficulty with balance or fall/bump into things frequently?

15. What subjects does the child like/dislike at school: _____

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

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

18. Does the child form good relationships with his/her peer group? _____

19. Does the school have any other concerns not covered above? Please elaborate _____

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