



DEVELOPMENTAL THERAPY CENTER

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Occupational Therapy Evaluation Questionnaire

Please describe your child's personality:

What does s/he like to do most? What makes your child happy and calm?

Which activities are the most motivating your child?
(puzzles, movement, pet, food, music, videos, hugs, tickles)

Which activities are the most difficult for your child? What age appropriate tasks are especially challenging?

What doesn't s/he like? What makes your child upset? What does "upset" look like?

What helps your child calm down and recover after being upset?

Describe a typical day for your child.

Describe your child's communication. How does s/he tell you what s/he wants or doesn't want.

Describe your child's relationship with siblings and peers. Does s/he initiate interaction with peers? How?

What activities is your child involved in? (school, swim class, play dates)

What can s/he do in terms of self help skills? Please describe all or part of the task.

Shoes and socks on / off _____

Undressing / Dressing _____

Bath time _____

Brushing teeth _____

Diaper / Potty training _____

Sleeping _____

Eating, utensil use _____

Getting a snack _____

Getting toys _____

Cleaning up _____

Playing alone _____

Coloring or drawing _____

Playing with characters, pretend play _____

Following 1-2 step directions _____

("Go get _____", "Put on your _____", " Put _____ away.")

What would you like your child to be able to do in 6 months?

What would you like your child to be able to do by the time s/he enters school?

What are your hopes and dreams for your child when s/he grows up?

What is your general understanding of your child's condition?

How severe do you believe your child's condition is, and how long do you believe it will last?

What types of therapy or treatments do you think would most help your child?

What results do you hope to receive from these therapies or treatments?

Is there anything you'd like us to know about your family or child? If so, please describe.