

Barnet Children & Young People’s Occupational Therapy and Physiotherapy

Edgware Community Hospital

3rd Floor, Westgate House

Burnt Oak Broadway

Edgware, HA8 0AD

Contact: 0203 316 8900

Email: whh-tr.barnetCIT@nhs.net

# Children & Young People’s Occupational Therapy and Physiotherapy

**SCHOOL AGED PARENTAL QUESTIONNAIRE**

Your child has been referred to the Barnet children’s Therapy service. It would be helpful to us to know more about your current concerns regarding your child’s functional abilities and difficulties. This will help us to determine if we can offer your child the appropriate service and where offered, to make our assessment more accurate. Your comments can indicate your priorities for any treatment/advice that may be offered.

This questionnaire is used with children who have a wide variety of difficulties; therefore please complete only those sections you feel are relevant to your child. Some sections or questions may also not be relevant due to your child’s age/developmental abilities but please try to fill in the form as comprehensively as possible. This will allow us to make a prompt decision regarding your child’s current functional needs.

We will contact you and the referrer after we receive the completed questionnaire.

PLEASE RETURN THIS FORM WITHIN **10 WORKING DAYS** TO THE ADDRESS BELOW,

OTHERWISE WE WILL ASSUME YOU NO LONGER REQUIRE OUR SERVICE

**Please return this with the referral form to:**

Barnet Children & Young People’s Occupational Therapy and Physiotherapy

Edgware Community Hospital

3rd Floor, Westgate House

Burnt Oak Broadway

Edgware, HA8 0AD

Or email the questionnaire to: **whh-tr.barnetCIT@nhs.net**

If you have any questions, please do not hesitate to contact us on 0203 316 8900

Regards,

The Children & Young People’s Occupational Therapy and Physiotherapy Team

**PERSONAL DETAILS**:

|  |  |
| --- | --- |
| Surname: | Child Development Service involved: Y / N Special needs register: Y / N |
| First name:  Gender : | Date of birth: |
| Nickname: | NHS number: |
| Parent/Carer Name(s): | Nationality:  Ethnicity: |
|  | Language Spoken: |
| Address: | Interpreter Needed: **Y / N** |
|  | Religion: |
|  | Home Situation: |
| Postcode: | Second Address: |
| Borough: |  |
|  | GP Details: |
| Home Phone: |  |
| Mobile Phone: |  |
| Work Phone: | School/Nursery**:** |
| Email Address: | Year: |
|  |  |
| Presenting Condition/ Diagnosis: | SENCO: |
|  | Teacher: |
|  |  |
| Statement/ EHCP  Yes / No Date agreed/reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Does EHCP specify O.T. input/provision:  Yes/No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provision Recommended By:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**OTHER PROFESSIONALS CURRENTLY INVOLVED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name:*** | ***Profession:*** | ***Address:*** | ***Phone:*** | ***Date of involvement:*** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

##### Does your child have a diagnosis of any description?

Please comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child on any medication (please state):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EARLY CHILDHOOD HISTORY**

Were there any problems during pregnancy/at the birth of your child?⬜ Yes ⬜ No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what week was your child born? \_\_\_\_\_\_\_\_\_\_\_\_

What was your child’s birth weight? \_\_\_\_\_\_\_\_\_\_\_

Was your child ever admitted to the Special Care Baby Unit? ⬜ Yes ⬜ No

If yes, for how long?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any significant childhood illnesses or surgery?⬜ Yes ⬜ No

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any difficulties with eyesight or hearing? ⬜ Yes ⬜ No

Comment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### EARLY DEVELOPMENTAL MILESTONES

### At what age did your child:

Sit up independently: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bottom shuffle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crawl on all fours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pull to stand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Walk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Say one word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what age was your child toilet trained? Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Night\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your child as an infant have feeding difficulties? ⬜ Yes ⬜ No

If ‘Yes’ please comment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FUNCTIONAL SKILLS:**

Please ✓ and comment on your child’s ability in the following areas:

| Posture & Movement | Unable to do | **Can do with difficulty** | Can do well | Comments |
| --- | --- | --- | --- | --- |
| Get up off the floor from lying down independently |  |  |  |  |
| Stand independently |  |  |  |  |
| Sit for long periods without leaning or slumping |  |  |  |  |
| Walk without stumbling or bumping into people/objects |  |  |  |  |
| Run short distances |  |  |  |  |
| Jump |  |  |  |  |
| Hop |  |  |  |  |
| Skip (without a rope) |  |  |  |  |
| Throw a ball |  |  |  |  |
| Catch a ball |  |  |  |  |
| Kick ball well/ play football |  |  |  |  |
| Skip (with a rope) |  |  |  |  |
| Balance on one leg |  |  |  |  |
| Enjoy swinging and climbing on apparatus |  |  |  |  |
| Display an unnatural anxiety of heights |  |  |  |  |
| Enjoy rough and tumble play |  |  |  |  |
| Ride a tricycle/bike with/without stabilisers |  |  |  |  |
| Use a scooter |  |  |  |  |
| Swim with/without armbands. How many lengths |  |  |  |  |
| Climb stairs - one foot to each step (without banister) |  |  |  |  |
| Walk long distances as expected for age |  |  |  |  |
| Do they use a wheelchair |  |  |  |  |
| PLAY | **Please** | **comment** |  |  |
| Does your child have an established dominant hand or show a preference for one hand |  |  |  |  |
| What does your child enjoy playing with? |  |  |  |  |
| Participate in messy play activities? |  |  |  |  |
| Avoid touching different textured objects? |  |  |  |  |
| Play with construction toys, e.g. Lego, Mechano |  |  |  |  |
| Thread beads/lacing cards |  |  |  |  |
| Complete Jigsaws. How many pieces? |  |  |  |  |
| Enjoy/choose craft activities e.g painting |  |  |  |  |
| Interact with other children during play |  |  |  |  |
| Participate in imaginary play (if age/developmentally appropriate) |  |  |  |  |
| **SELF CARE**  **Please comment if age appropriate** | Unable to do | **Can do with difficulty** | **Can do well** | **Comments** |
| Undress independently |  |  |  |  |
| Dress independently |  |  |  |  |
| Need their clothes laid out for dressing |  |  |  |  |
| Manage buttons, zips, and poppers |  |  |  |  |
| Do up laces independently |  |  |  |  |
| Dislike certain textures, materials, or labels |  |  |  |  |
| Coordinate knife and fork well together |  |  |  |  |
| Eat or drink without mess or spillages |  |  |  |  |
| Pour a drink independently |  |  |  |  |
| Open packets/unscrew bottle tops |  |  |  |  |
| Carries a lunch tray independently |  |  |  |  |
| Make a sandwich or prepare a snack |  |  |  |  |
| Dislike any food textures, e.g. lumpy, chewy |  |  |  |  |
| Indicates need and uses toilet independently |  |  |  |  |
| Manage clothing during toileting |  |  |  |  |
| Clean self after toileting |  |  |  |  |
| Get in and out of the bath or shower independently |  |  |  |  |
| Wash/bathe independently |  |  |  |  |
| Grooming tasks: hair washing/brushing |  |  |  |  |
| Brushing teeth/oral hygiene |  |  |  |  |
| **Schooling** | Unable to do | **Can do with difficulty** | **Can do well** | **Comments** |
| Maintain concentration and attention during structured activities |  |  |  |  |
| Recall and follow instructions |  |  |  |  |
| Sit still during a standard lesson/carpet time |  |  |  |  |
| Adapt to changes in routine easily |  |  |  |  |
| Manage handwriting, drawing and colouring |  |  |  |  |
| Hold scissors and cut out effectively |  |  |  |  |
| Uses tools effectively,  e.g. ruler/ sharpener |  |  |  |  |
| Copy from the board |  |  |  |  |
| Cope in busy school queues |  |  |  |  |
| Enjoy and manage PE – please comment on areas of difficulty |  |  |  |  |

Does your child enjoy school? Please comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any social or communication difficulties? No □ Yes □ Please comment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you or your child consider to be their strengths:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your current (parental) concerns in priority order:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your child’s concerns in priority order if **able to give own opinion**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What have you already tried to address these difficulties listed above or concerns:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Could you please attach any Therapy, medical and / or educational reports?**

A picture containing night sky

Description automatically generated

**Thank you very much for your co-operation**.

Whittington Health NHS Trust

Chair: Baroness Julia Neuberger Chief Executive: Helen Brown

**Helping local people live longer healthier lives**