



(512) 310-7665 FAX (512) 310-9228

Child's Name: _____

Date: _____

Parents: Please answer these questions as precisely as possible. These answers will help develop a home/school program to meet your child's needs. The more information that you can give will help with the planning. If a specific concern is not addressed, please write it on the back. If there is not enough space for detailed answers, please write on the back or on another sheet of paper.

Does your child have any problems in the following areas? If yes, please explain.

Waking up/Going to bed?

Dressing/undressing (including buttons, zippers, tying, wearing certain textures, long vs short sleeves/pants)?

Grooming (brushing teeth, hair, shower/bath)?

Eating (fingers, utensils, textures, etc.)?

Playing (alone or with others)?

Behavior (tantrums, meltdowns, hitting, biting, mouthing, etc.)?

Staying in chair (getting up or falling out of) for meals, school, etc.?

What techniques are you using to help your child through the day? (brushing, joint compressions, weights, weighted backpack, ball chair, massage, other adaptive equipment, etc.)

List any concerns that teachers and/or schools have expressed.