**Strengths and difficulties questionnaire- OT**

Please fill this questionnaire out to the best of your knowledge and return via email, post or passing on to class staff. This will allow personalised programmes of support to be put in place for your child at Quest.

If you have any questions, please contact Harry Sanderson, Occupational Therapist- [harry.sanderson@macintyreacademies.org](mailto:harry.sanderson@macintyreacademies.org)

Please tick the most appropriate answer

|  |  |  |  |
| --- | --- | --- | --- |
| My child has difficulties with…. | Not at all | Somewhat | Certainly |
| Using buttons, zips and fastenings |  |  |  |
| Tying shoelaces |  |  |  |
| Using cutlery |  |  |  |
| Handwriting |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| My child has difficulties with…. | Not at all | Somewhat | Certainly |
| Showering/bathing |  |  |  |
| Toileting |  |  |  |
| Cleaning teeth |  |  |  |
| Getting dressed |  |  |  |
| Eating (chewing and swallowing) |  |  |  |
| Doing chores (changing the bed, tidying room, doing the dishes etc.) |  |  |  |
| Coordination |  |  |  |
| Playing games/sports |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| My child has difficulties with…. | Not at all | Somewhat | Certainly |
| Controlling emotions |  |  |  |
| Concentration |  |  |  |
| Sleeping |  |  |  |
| Coping with sensation (touch, light, sound, smell/taste, movement) |  |  |  |
| Sitting still |  |  |  |
| Fatigue |  |  |  |
| Identifying physical sensations (full bladder, hunger, thirst, temperature etc.) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| My child has difficulties with…. | Not at all | Somewhat | Certainly |
| Following instructions |  |  |  |
| Problem solving |  |  |  |
| Completing tasks |  |  |  |
| Asking for help |  |  |  |
| Making friends |  |  |  |
| Road safety |  |  |  |

Kind regards,

*Harry Sanderson*

Occupational Therapist at Quest Academy

MacIntyre Academies