

# Children's Therapy and Family Resource Centre

801 McGill Road, Kamloops, BC V2C 6R1 Phone: (250) 371-4100 Fax: (250) 371-4120  
www.kamloopschildrenstherapy.org

## SCHOOL OT PT PARENT FORM

Your child has been referred for assessment and consultation by Occupational Therapy and/or Physiotherapy through the Children's Therapy and Family Resource Centre. This can happen at our centre or at the school, so please let us know what you prefer. Please note that we are not able to provide one to one intervention or treatment services except in very specific circumstances. To help us better understand your child's strengths and areas of need, please complete the following and send it back via fax, mail, or scan/email.

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

Person Completing This Form: \_\_\_\_\_

AREA OF FUNCTION	Strength	Challenge or Needs Help	Not Sure or N/a	What does your child do well? For any challenges, what do you think might be contributing? What have you tried to help? Do you have ideas for what might help?
<b>Self-Care</b>				
Eating (good diet, eats enough food, feeds self)				
Toileting (uses toilet and manages all steps)				
Dressing (manages indoor and outdoor clothes)				
Grooming (washing, bathing, teeth, hair, etc)				
Sleeping (sleeps well, good routine)				
<b>Movement and Recreation</b>				
Moving around home, neighbourhood and school (balance, coordination, strength)				
Physical recreation activities (physical games, sports)				
Hand skills at home (managing small objects, using hands with coordination)				
<b>Home and Community Tasks</b>				
Homework (completing homework)				
Housework (completing housework tasks)				
Preparing own snacks/food as appropriate for age				
Managing own belongings (finding them, keeping track of them)				

<b>AREA OF FUNCTION</b>	<b>Strength</b>	<b>Challenge or Needs Help</b>	<b>Not Sure or N/a</b>	<b>What does your child do well? For any challenges, what do you think might be contributing? What have you tried to help? Do you have ideas for what might help?</b>
Getting self ready for school or outings				
Following safety rules				
Going out in the community				
<b>School Tasks</b>				
Taking part in class activities				
Producing work at school (e.g. writing, art)				
Using writing tools				
Using other classroom tools (e.g. sharpeners, scissors)				
Using technology for school				

If you could change 2 things for your child, what would they be?

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If your child or family is being supported by any other community agencies or individuals, please list them here:

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Do you have any other information you would like to share?

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Thank you for taking the time to complete this form. If you have questions, please contact the centre at 250-371-4100.