

Occupational Therapy

Teacher Questionnaire

Child's full name:	Child's date of birth:
Teacher's name:	School:
Grade:	Date completed:

GROSS MOTOR SKILLS	Yes	Sometimes	No
Weak and tires easily			
Poor posture			
Clumsy or accident prone			
Appears awkward when engaged in gross motor activities			
Difficulty skipping or hopping			
Holds back in physical activities			
Prefers fine motor activities			
Difficulty learning new motor tasks			
Difficulty performing tasks that require balance			
Difficulty in rhythmic games (clapping, dancing)			
Tendency to confuse left and right			
Other comments			
MOVEMENT AND BALANCE	Yes	Sometimes	No
Hesitant to climb on playground equipment			
Fearful when moving in space (on swing)			
Seeks excessive movement (spinning, crashing, rocking)			
In constant motion and unable to sit still			
Difficulty climbing stairs			
Falls frequently			
Other comments			
FINE MOTOR SKILLS	Yes	Sometimes	No
Poor posture at the desk			
Difficulty drawing, colouring, cutting			
Difficulty copying letters or numbers			
Difficulty controlling pencil			
Pencil lines too faint or wobbly			

FINE MOTOR SKILLS (continued)	Yes	Sometimes	No
Pencil lines too dark, breaks pencil points			
Fatigues quickly in pencil and paper tasks			
Avoidance of fine motor activities			
Difficulty with dressing, doing buttons, tying shoelaces			
Difficulty playing with constructional toys			
Right-left confusion or hand dominance not established			
Tends to avoid crossing body midline			
Other comments			
PERCEPTUAL SKILLS	Yes	Sometimes	No
Difficulty naming colours, shapes, numbers, letters			
Difficulty building puzzles or with perceptual games			
Poor/immature drawings			
Difficulty copying numbers/letters			
Difficulty writing on/between lines			
Difficulty spacing work correctly on the page			
Other comments			
SENSORY PROCESSING	Yes	Sometimes	No
Overly sensitive to being touched			
Avoids messy play, finger paint, clay			
Dislikes standing/sitting close to other children			
Trouble controlling interaction in groups			
Trouble keeping hands to self (pokes/pushes)			
Touches objects/people excessively			
Unaware of being touched, bumped			
Likes wearing too many layers of clothing			
Overly sensitive to loud noise			
Talks constantly or makes noises			
Pronounces sounds incorrectly			
Difficulty understanding instructions			
Difficulty following multiple instructions			
Easily distracted by sounds/noise			
Other comments			

EMOTIONAL/BEHAVIOUR	Yes	Sometimes	No
Difficulty accepting changes in routine			
Marked mood changes or tantrums			
Easily frustrated			
Tendency to be impulsive			
Manipulative, prefers talking rather than doing			
Displays attention seeking behaviour			
Poor self-esteem			
Difficulty making friends			
Tends to be shy or withdrawn in groups			
Avoids eye contact			
Any other comments			
Please summarise the child's strengths			
Please summarise your concerns			

Thank you very much for taking the time to complete this form.