



Developmental Therapy Associates
& Absolute Speech and Language Therapy

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To be filled out by Teacher or Daycare Provider

The following child has been referred for an occupational or speech therapy evaluation. Please complete this questionnaire so that we may gain a more complete understanding of the child's performance when in your care. As this child's caretaker, your input is very important and any insights are welcome. Information that you provide on this questionnaire will be used as part of the evaluation process and may be stated in the resulting occupational or speech therapy evaluation report. Thank You.

Date Form Completed

Child's Name

Child's date of birth

Teacher/Caregiver

Person completing form if different from Teacher/Caregiver

Relationship to child if different from Teacher/Caregiver

Activities of Daily Living

Grooming (washing face,
wiping off face)

Oral Hygiene

Toileting (Bowel, Bladder)

Dressing (Takes off, puts on)

Feeding/Eating (Bottle,

Texture)

Socialization (responds to others)

Socialization (response to name)

Communication (gestures, words)

Mobility (crawling, walking)

Comments

Work, Productive, and Play Activities:

Day Care Activity (e.g., Following Directions, following routine, asking for help as needed)

Learning Behavior (e.g., attention, confidence, organization, task completion, motivation)

Care of Others (e.g., interpersonal relations, respect for space/belonging)

Play (e.g. Relates well with others, plays alone, engages in imaginative play, play appropriately with toys).

Comments:

Postural and Gross Motor Development

Poor focus on play activities

Initiates a few ideas for play

Awkward in running or climbing

Difficulty riding a riding toy, with feet pushing or propelling

Hesitates to climb or play with equipment that moves

Fearful of movement or heights

Appears stiff, awkward or clumsy in movement

Stiff posture when held, does not cuddle

Seeks out movement (e.g., spinning, swinging)

Has much difficulty learning new motor tasks

Avoids physical activities

Difficulty maintaining posture against gravity

Difficulty with sucking

Comments

Fine Motor and Visual Motor Development

Dislikes play with puzzles

Dislikes playing with small manipulative toys

Tends to perseverate or repeats the same play actions

(e.g., shake, bang, throw)

Is easily Frustrated with fine motor activities

Difficulty with use of spoon or cup

Has very messy eating habits

Comments

Auditory and Language Skills

Has or has had repeated ear infections

Particularly Distracted by sounds, seems to hear sounds unnoticed by others

Doesn't respond consistently to verbal cues

Is overly sensitive to mildly loud noises (e.g., bells, toilet flush)

Is hard to understand when she/he speaks

Has trouble following 1-2 step commands

History of delayed speech development

Comments

Emotional Skills

Difficulty Transitioning from one activity to another

Does not accept change in routine easily

Easily Frustrated

Apt to be Impulsive, accident prone

Frequent outbursts or tantrums

Tends to withdrawal from groups, plays on the outskirts

Difficulty with self-calming

Poor sleep/wake cycles

Fussy or colicky baby

Comments

What is your biggest concern or barrier for this child?

What activities or interactions does the child enjoy?

Additional comments, observations or concerns

Are you currently making any modifications in the daycare setting? If yes, please describe.