



Parents and educators frequently ask if a child would benefit from receiving occupational therapy services. In order to answer this question, we would need to do a whole assessment. However, we don't want to assess children unnecessarily. A screening parent questionnaire and clinical observations allow us to ascertain whether a child would benefit from a full occupational therapy assessment.

Student's name:	Age/grade:
Date:	Parent's name:
School:	

Occupational Therapy Parent Screening Questionnaire

1. Does your child demonstrate a typical grasp when coloring/writing and cutting?	Yes	No
2. Does your child demonstrate a consistent hand dominance when completing skilled tasks, such as cutting, coloring, or eating with a utensil?	Yes	No
3. Is your child able to print their name legibly?	Yes	No
4. Is your child able to identify upper/lower case letters and numerals both by sight and by name?	Yes	No
5. Is your child able to dress/undress themselves?	Yes	No
6. Is your child able to sit still for task or activity that they enjoy?	Yes	No
7. Is your child able to stand still as needed?	Yes	No
8. Is your child able to walk in a line?	Yes	No
9. Does your child demonstrate the ability to transition between tasks and settings w/ease?	Yes	No
10. Is your child comfortable with messy play/material?	Yes	No
11. Does your child enjoy brief intense movements, such as swinging or scooter play?	Yes	No
12. Does your child tolerate loud settings with ease?	Yes	No
13. Is your child able to imitate simple postures and movements?	Yes	No
14. Is your child able to sit upright at a desk or table?	Yes	No
15. Is your child able to navigate a classroom or hallway without bumping into people or objects?	Yes	No
16. Does your child experience positive peer interactions?	Yes	No



Additional thoughts if needed:

This information will be used, along with clinical observations, to determine if an occupational therapy assessment would be beneficial for your child.

If you have any questions or concerns, please feel free to contact me.

Thank you,
Deb Guarino, OTR/L

Deborah Guarino, OTR/L 603-988-6626
Caitlin Coleman, M. S., BCBA 603-770-0102
55 Main Street Unit #413 Newmarket, NH 03857 Fax: 603-899-7732
Emails: deb@seacoastkeystonetherapy.com caitlin@seacoastkeystonetherapy.com
website: www.seacoastkeystonetherapy.com