



Occupational Therapy (OT) Pre-Evaluation Questionnaire Toddler and up

Child Name: _____ Date of Birth: _____

Caregiver Information

Caregiver's Name: _____

Role in Child's Life: Parent Grandparent Foster Parent Other _____

List your primary areas of concern: *check all that apply*

- | | | |
|--|--|--|
| <input type="checkbox"/> Hand Skills | <input type="checkbox"/> Frequent Falls/Clumsiness | <input type="checkbox"/> Self-help Skills (i.e. dressing, eating etc.) |
| <input type="checkbox"/> Gross (Big) Motor | <input type="checkbox"/> Play Skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Feeding/Swallowing | <input type="checkbox"/> Attention | |
| <input type="checkbox"/> Sensory Sensitivity | <input type="checkbox"/> Behavior | |
| <input type="checkbox"/> Sensory Seeking | <input type="checkbox"/> Tight Neck | |
| <input type="checkbox"/> Unable to Sit Still | <input type="checkbox"/> Poor Sleep | |

Share what you want to accomplish by having an occupational therapy evaluation:

Therapy Specific Questions: *check all that apply for your child's stage of development*

Hand Skills

Does your child...	Yes	No	Does your child...	Yes	No
Pick up small objects with pincer grasp			Color with crayons		
Use 2 hands together			Write with a pencil		
Stack blocks			Open containers with lids		
Point with finger			Cut with scissors		



Self-Help

Can your child...	Yes	No	Can your child...	Yes	No
Remove pants (Does not include fasteners)			Eat with fingers		
Put on pants (Does not include fasteners)			Eat with a spoon		
Puts on pullover shirt			Eat with a fork		
Put on socks			Drink from a cup		
Puts on shoes (Does not include tying)					

Does your child use assistive devices (hearing aids, braces, communication device)? Yes No

If yes, please list them _____

Sensory Processing

Does your child have difficulty with sensory experiences? Please explain
Tactile (Touch):
Vestibular (Movement):
Proprioceptive (Body Awareness):
Auditory (Hearing):
Visual (Seeing):

Please provide as much information as possible. The occupational therapist will review this information for your child's initial evaluation.

UCP looks forward to serving you and your child