

Pediatric Occupational Therapy Case History

Child's name:

Grade in school:

Tell us about your child.

- What kinds of things do they enjoy?
- What things about your child do you especially enjoy?
- What are your child's gifts?

Pertinent information:

- Home situation-Are the parents married/divorce? Any siblings?
- When did parents become concerned about behaviors?

- Where does your child attend school/special programs?

- Physician following your child?

Please describe the major concerns you have as to why you are seeking occupational therapy services for your child:

- What are you most concerned about now?

In order to meet your needs and the needs of your child it is helpful for us to be aware of all other services your child is receiving at this time. (Please list all services being received either at school or privately and include the names of the providers)

Has your child previously received or currently receiving, occupational therapy services? If so, where, from whom and for how long?

Has your child previously received or currently receiving, speech and language services? If so, where, from whom and for how long?

Have you or are you or are you receiving psychology or social work services to support you and your child? If so, where, from whom and for how long?

Functional Skills:

Gross Motor:

- Describe your child's gross motor skills (walk, run, throw and catch a ball, ride a trike/bike with or without training wheels)

- Is your child involved in any sports/physical activities such as soccer, T-ball, baseball, swimming, horseback riding, creative movement, etc?

Fine Motor:

Tool Use (utensils, pencils):

- Describe how your child manages utensils such as a fork, spoon and a knife

- Pencil or crayon?

- Scissors?

- Does your child hold utensils with a normal/standard tripod grasp?

Dressing skills:

- Does your child need assistance with dressing or dress independently?

- Does your child manage snaps, buttons, zippers and shoe tying independently or with assistance?

- How much time does it take for your child to get dressed?

Play Skills:

- Describe the play activities that your child engages in.
- Does your child play interactively with his peers?
- Does your child play independently?

Speech and Language:

- Do you have concerns about your child's speech and language?
- Does your child follow or seem to comprehend verbal directions?
- What is your child's receptive and expressive language like?
- Do people have difficulty understanding your child when he/she talks?

Academics:

- Is your child attending a preschool or elementary school?
- What grade is your child in?
- Is your child in regular education?
- Resource room?
- Special Education?
- Is your child successful at school?
- Is your child managing all aspects of his day at school or are there any areas difficulty? Please describe.

Any teacher concerns:

- What, if any, concerns have the teacher(s) raised?

Transitions:

- Does your child have difficulties with transition?
- What strategies do you use if there are difficulties with transitions?