

**Personal Details**

Child's full name:

Date of birth:

Gender:

Male

Female

Other:

Caregiver/s Name:

Address:

Phone Number

Email:

Do you or your child identify as Aboriginal and/or Torres Strait Islander?

Yes

No

Prefer not to say

Who lives in the household with your child? Please list



## Medical and Developmental History

Does your child have a current diagnosis? If so, please list with dates.

At what age did your child sit without support?

At what age did your child crawl?

At what age did your child walk independently?

Were there any difficulties with the pregnancy? If so, please describe.

Were there any difficulties with the birth? If so, please describe.

Has there been any illness and/or injuries? If so, please describe.



Does the child take any current medication? If so, please list with reasons for taking.

Has their vision been tested in the last 12 months?

- Yes
- No

Has their hearing been tested in the last 12 months?

- Yes
- No

Is there any current concerns or issues with their hearing or vision?

Do you currently have any funding supports available? If so, please list.

Are there any previous or current therapy services in place? If so, please list.

### Education Information

Do they currently attend any extracurricular activities? E.g., soccer, swimming, gymnastics etc. If so, please list.

Year:

Teacher:



What (if any) additional supports are in place for this student?

- School Counsellor
- Small group learning
- 1:1 teaching
- Other:

Please describe the purpose of any additional supports (e.g. literacy, numeracy, regulation support, social engagement, self-care etc.)

### Areas of Concern

Are there any current concerns regarding the following areas addressed by occupational therapy? Please tick all that apply.

Fine Motor Skill:

- Pencil grasp
- Scissor skills
- Handwriting and drawing
- Aspects of self-care (e.g., knife and fork, zips, buttons, shoelaces etc.)
- Opening packets
- Other:

Gross Motor:

- Throwing and catching
- Hopping
- Jumping
- Kicking
- Posture
- Climbing (e.g., stairs or playground equipment)
- Fatigues quickly
- Other:

Self-care Skills

- Sleeping
- Eating
- Toileting
- Dressing
- Managing belongings
- Hygiene (washing hands, blowing nose, using deodorant, brushing teeth etc.)
- Other:



### Social and Emotional Skills

- Sharing and turn taking
- Imaginative play
- Other:
- Negotiation and conflict resolution
- Making friends

### Sensory Processing Skills

- Has more extreme activity levels (e.g. high energy or low energy)
- Displays sensory overload responses (meltdowns)
- Displays sensory sensitivities that impacts on activities
- Displays strong sensory preferences that impact on activities
- Other:

### Executive Function

- Focus
- Sustained effort and attention
- Emotional control
- Other:
- Working memory
- Planning and organisation
- Flexible thinking

**Please complete and return this form to the person who provided this form to you,  
or email it to [karen.barnes18@det.nsw.edu.au](mailto:karen.barnes18@det.nsw.edu.au)**

**Completed forms can also be handed in at Walcha Central School front office.**

