



**Occupational Therapy
For Children**

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Childcare Preview Form

Thank you for the effort involved in filling out this Rating Form. It aims to help define more clearly areas that are presenting as a difficulty/concern.

Child's Name:	Date:
Centre Name:	Contact Number:
Carer(s):	
Email:	

The rating scale is graded in response to a child's skill, ability or behaviour in the following areas according to what is expected for their age level. Ratings should be based on observations made in care and during play activities. If unsure or not observed, please indicate in the box provided.

GROSS MOTOR / POSTURE	Never	Sometimes	Usually	Always	Not ob./ Unsure
Appears coordinated in physical activities					
Maintains posture (play on floor/ table/ standing)					
Uses a dominant left / right hand consistently (circle)					
Plays with balls appropriate to age					
Pushes/pulls/pokes at things and people					
Seems weaker/stronger than others					

PLAY / FINE MOTOR	Never	Sometimes	Usually	Always	Not ob./ Unsure
Enjoys outdoor play					
Enjoys fine motor play					
Creates own play well					
Plays with blocks					
Plays with cars, trains					
Plays with puzzles					

MEAL TIMES	Never	Sometimes	Usually	Always	Not ob./ Unsure
Uses – spoon or fork					
Fingers predominantly					
Stays seated					
Eats a variety of food					
Copes with different textures					
Good eater					

DRESSING	Never	Sometimes	Usually	Always	Not ob./ Unsure
Is tolerant of the procedure					
Manages pants, undies					
Manages tops					
Manages orientation of clothing, smock					
Manages fastenings					
Manages socks					
Manages shoes, sandals					

SLEEP	Never	Sometimes	Usually	Always	Not ob./ Unsure
Needs a lot of sleep					
Restless sleeper					
Bedwetting/soiling					

TOILET	Never	Sometimes	Usually	Always	Not ob./ Unsure
Copes with nappy changes					
Coping with training programme					
Bladder control					
Bowel control					
Manages related dressing					
Manages related flushing & hand washing					

SENSORY FUNCTIONING	Never	Sometimes	Usually	Always	Not ob./ Unsure
Tolerates being touched or hugged by others					
Tolerates different textures in clothing (labels, seams, fabric)					
Tolerates face being washed					
Tolerates different textures on hands in play (playdough, paint)					
Tolerates being bumped/jostled in groups					
Chews or mouth objects excessively					
Is aware of own body space in relation to others					
Tolerates heights (climbing frame, slippery dip)					
Tolerates spinning movement					
Copes with noise inside or outside					
Tolerates different smells					

BEHAVIOUR pattern/reactions (for very young children)	Never	Sometimes	Usually	Always	Not ob./ Unsure
Needs/demands lots of attention/activity when awake?					
Passive, looker					
Needs much holding/ moving/ stroking/ tapping/ to settle?					
Copes with change of routine?					
Manages related flushing & hand washing					

