

# Children's Therapy Center

## Pediatric Occupational Therapy

Helping children achieve their fullest potential.

7881 Egleberry Street, Gilroy, CA 95020 • 408-842-1121

### Functional Skills Questionnaire for ages 4-16

Dear Parents,

In the comments area, please describe the quality of your child's performance. For example, if your child is able to dress him or herself; however, their clothes are frequently twisted, inside-out, or disheveled in their appearance please note this below the question, this information better assists our therapists in understanding your child's needs.

- **Independent (Ind):** Another person is not required for the activity.
- **Supervision (Sup):** No physical assistance; requires verbal prompts.
- **Minimum Assistance (Min A):** Requires assistance for less than 25% of the task
- **Moderate Assistance (Mod A):** Requires assistance for 50 to 74% of the task
- **Maximal Assistance (Max A):** Requires assistance for more than 75% of the task
- **Increased time (↑ Time):** Requires more time to complete the task. For example, able to complete the task with minimum assistance but requires increased time to perform.

Please mark all that apply:

<b>Dressing</b>	Ind	Sup	Min A	Mod A	Max A	Unable	↑ Time
Puts on & takes off a T-shirt							
Zips & unzips a jacket							
Buttons a shirt							
Puts on socks & shoes with shoes oriented on correct feet							
Ties shoelaces							
Puts on & takes off pants while standing							
Zips pants							
Buttons pants							
Snaps pants							

Comments:

<b>Grooming</b>	Ind	Sup	Min A	Mod A	Max A	Unable	↑ Time
Combs hair							
Washes face using washcloth & soap							
Thoroughly washes and dries hands							
Brushes teeth							
Clips fingernails and toenails							
Blows nose (not just wipes it)							

Comments:

<b>Bathing</b>	Ind	Sup	Min A	Mod A	Max A	Unable	↑ Time
Washes, rinses, and dries entire body (with exception of his/her back)							
Stands while showering							

Comments:

<b>Toileting</b>	Ind	Sup	Min A	Mod A	Max A	Unable	↑ Time
Cleans him/herself after a bowel movement							
Adjusts clothing (pulls up or down pants) before & after toileting							
Sits on the toilet safely							
Able to place a protective cover over the toilet seat							

Comments:

<b>Play</b>	Ind	Sup	Min A	Mod A	Max A	Unable	↑ Time
Safely rides a bike							
Safely rides a scooter							
Puts on a helmet							
Jump Rope (self-propelled)							
Pumps a swing back and forth							
Safely climbs up/down and navigates through a play structure							
Swims							

Comments (Please include: What are the child's favorite things to do? What are they most fearful of?):

<b>Safety</b>	Ind	Sup	Min A	Mod A	Max A	Unable	↑ Time
Safely crosses the street							
Safely walks up & down stairs							
Uses a phone to dial 911 or call home							
Knows how to lock/unlock a door by turning a knob							
Knows how to lock/unlock a door using a key							
Knows how to lock/unlock a car door by pushing down/pulling up the lock							

	Ind	Sup	Min A	Mod A	Max A	Unable	↑ Time
Fastens his/her own seatbelt (applies to children no longer using car seats)							
Clearly recites his/her own address							
Clearly recites his/her own phone #							
Clearly recites his/her own birthday							
Takes down a phone message							
Treads water & swims to safety if feet do not touch bottom of pool							
Recognizes and adheres to safety signs (ex: "Stop," "Do Not Enter," "Caution")							
Follows rules during a fire drill							
Boards and leaves a bus							
Stops moving when an adult shouts "STOP!" (ex: before running into the street)							
Remains in a designated play area without being reminded more than once							
Remains seated (ex: at a dinner table, church, waiting room) without excessive movement and reminders to stay seated. If so, for how long?							

Comments:

<b>Household Management/Self-Help</b>	Ind	Sup	Min A	Mod A	Max A	Unable	↑ Time
Makes his/her own bed							
Puts sheets onto the bed							
Puts a pillow into a pillowcase							
Participates in household chores (vacuuming, dusting, cleaning mirrors, washing dishes, setting the table). If so, please list the activities & describe quality of performance under "Comments".							
Able to organize items in his/her bedroom (ex: putting toys away, shoes into closet, clothing into drawers)							
Folds clothes							
Hangs clothing on a hanger							

Comments:

<b>Feeding</b>	Ind	Sup	Min A	Mod A	Max A	Unable	↑ Time
Safely cuts food into bite-size portions							
Opens a water bottle with a twist cap							
Opens and closes food packages (ziplocks, twist-ties, chip bag, string cheese)							
Pours liquids from a larger container (jug, pitcher, carton) into a smaller container (cup, glass) without spilling							
Prepares a sandwich							
Safely uses a microwave oven							
Safely uses a stove-top							

Comments:

If you noted that your child struggles with any of the functional skills listed above, please rank them in order of priority.

Functional Skill

Priority

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Thank you for your time. Please feel free to add any additional areas of concern:

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