



Functional Skills Questionnaire for ages 4-16

Child's Name: _____ **Date:** _____

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:

Dressing	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:



Grooming	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:

Bathing	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:

Toileting	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:

Play	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?):



Safety	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							
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:



Household Management/Self-Help	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".							
	Ind	Sup	Min A	Mod A	Max A	Unable	↑ Time
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:

Feeding	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

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

