Blank Children's Hospital
UnityPoint Health

Occupational Therapy Case History

Please complete this form before your child's Occupational Therapy Evaluation

Daily Living Skills

On a scale of 1 to 4, how well does your child function in the following areas? (Circle one)
1 = Completely dependent on others. Needs lots of help or cues.
4 = Completely independent. No difficulties in this area.

Dressing Upper Body	1	2	3	4	Not Applicable
Dressing Lower Body	1	2	3	4	Not Applicable
Toileting	1	2	3	4	Not Applicable
Eating (breast or bottle)	1	2	3	4	Not Applicable
Eating (with fingers)	1	2	3	4	Not Applicable
Eating (with utensils)	1	2	3	4	Not Applicable
Playing with familiar peers	1	2	3	4	Not Applicable
Playing with unfamiliar peers	1	2	3	4	Not Applicable
Handwriting	1	2	3	4	Not Applicable
Frustration Tolerance	1	2	3	4	Not Applicable
Sleeping Routine	1	2	3	4	Not Applicable
Grooming (hair)	1	2	3	4	Not Applicable
Grooming (bathing)	1	2	3	4	Not Applicable
Grooming (teeth)	1	2	3	4	Not Applicable
Maintaining attention to task	1	2	3	4	Not Applicable
Entertaining self	1	2	3	4	Not Applicable
Hand/Eye Coordination	1	2	3	4	Not Applicable
Balance	1	2	3	4	Not Applicable
Following Verbal Directions	1	2	3	4	Not Applicable
Safety Awareness	1	2	3	4	Not Applicable
Cutting With Scissors	1	2	3	4	Not Applicable
Communicates his/her needs	1	2	3	4	Not Applicable
Sleeps and falls asleep well	1	2	3	4	Not Applicable