

**Symptom Checklist**

Our Symptom Checker outlines a number of behaviours or difficulties, which a child may be displaying.  It therefore helps as a check list to determine whether a child would benefit from an assessment.  Having completed this you can call to discuss your concerns and arrange an assessment on 01324 304411.

**Does the child display any of the following?**

|  |  |
| --- | --- |
| **Motor skills difficulties may include:** | **Yes** |
| * Awkward running gait
 |  |
| * Frequent falls or stumbles
 |  |
| * Clumsiness
 |  |
| * Sitting upright
 |  |
| * Dressing independently
 |  |
| * Fastening buttons/zips
 |  |
| * Messy feeder
 |  |
| * Struggles to use a knife or fork
 |  |
| * Tying shoelaces
 |  |
| * Riding a bike
 |  |
| * Hopping /skipping or jumping
 |  |
| * Ball skills
 |  |
| * Poor organisation skills
 |  |
| * Poor concentration and short attention span
 |  |
| * Forgetful
 |  |

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| --- | --- |
| **Behaviours may include:** | **Yes**  |
| * Aggressive or impulsive when overwhelmed by sensory stimulation
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| * Irritable, fussy, moody
 |  |
| * Upset by transitions and unexpected change
 |  |
| * Excessively cautious
 |  |
| Unsociable, avoids group activities and has trouble forming relationships |  |
| * Passive, quiet and withdrawn
 |  |
| * Difficulty engaging in conversation or other social interactions
 |  |
| * Apathetic and easily exhausted
 |  |
| * Excessively slow to respond to directions or complete assignments
 |  |
| * Without inner drive to get involved in world around him
 |  |
| * Has frequent meltdowns
 |  |
| * Obstinate
 |  |

|  |  |
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| **School difficulties may include:** | **Yes** |
| * Reading
 |  |
| * Handwriting
 |  |
| * Spelling
 |  |
| * Maths
 |  |
| * Concentration/attention
 |  |
| * Remembering instructions
 |  |
| * Mixing with peers
 |  |
| * Organisation
 |  |
| * Sitting still
 |  |

|  |  |
| --- | --- |
| **Sensory difficulties may include:** | **Yes**  |
| * Dislikes having toe nails, finger nails or hair cut
 |  |
| * Wearing socks and shoes
 |  |
| * Loud unexpected noises-hoover, hand driers
 |  |
| * Food textures and tastes
 |  |
| * Has a limited diet
 |  |
| * Anxiety or fear of with park equipment
 |  |
| * Disliking messy play (glue/mud) or sticky hands
 |  |
| * Crowded noisy environments
 |  |
| * Struggling being close to others
 |  |
| * High pain threshold
 |  |
| * Temperature
 |  |
| * Does not cry when seriously hurt and isn’t bothered by minor injuries
 |  |
| * Unaware of need to use the toilet
 |  |
| * Often unaware of body sensations for example: Hunger, hot or cold
 |  |

For more information please visit our [How We Work](http://www.treetopsoccupationaltherapy.co.uk/how-we-work/), [Conditions](http://www.treetopsoccupationaltherapy.co.uk/conditions/) and [Treatments](http://www.treetopsoccupationaltherapy.co.uk/about-us/occupational-therapy-treatments/) pages of our website at [www.treetopsoccupationaltherapy.co.uk](http://www.treetopsoccupationaltherapy.co.uk).

To arrange an appointment with us, please download and complete our **Initial Enquiry Form** which can be found at http://www.treetopsoccupationaltherapy.co.uk/symptom-checklist/