

**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?**

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| **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 |  |
| * 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| * Passive, quiet and withdrawn |  |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 |  |

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| **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/