**Childs name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have difficulty with any of the following?

|  |  |  |
| --- | --- | --- |
| **Outside activities**: | | |
| Hopping | Yes | No |
| Jumping | Yes | No |
| Running | Yes | No |
| Catching a ball | Yes | No |
| Kicking a ball | Yes | No |
| Hitting a ball | Yes | No |
| Riding a bike | Yes | No |
| Skipping | Yes | No |
| **General activities:** | | |
| Holding a pencil correctly | Yes | No |
| Using scissors | Yes | No |
| Handwriting | Yes | No |
| Immature drawings | Yes | No |
| Putting things together eg Lego | Yes | No |
| Using a computer keyboard | Yes | No |
| Tying shoelaces | Yes | No |
| Doing up buttons | Yes | No |
| Using a knife and folk | Yes | No |
| Getting dressed | Yes | No |
| Excessive clumsiness | Yes | No |

|  |  |
| --- | --- |
| **General development:** | |
| How old was your child when they first sat up? |  |
| How old were they when they first walked? |  |
| What age did they ride a bike without stabilisers? |  |
| Are they able to balance on one leg? |  |

Please complete and return to:

Kent Community Health NHS Foundation Trust

Community Paediatric Department

The Heathside Centre

Heath Road

Coxheath

Maidstone ME17 4AH

Email: [kentchft.cpmedicaladmin@nhs.net](mailto:kentchft.cpmedicaladmin@nhs.net)