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

Does the child / young person have difficulty with any of the following?

|  |  |  |
| --- | --- | --- |
| **Playground activities**: | | |
| Hopping | Yes | No |
| Jumping, | Yes | No |
| Running | Yes | No |
| Catching a ball | Yes | No |
| Kicking a ball | Yes | No |
| Do they avoid joining in at playtime | Yes | No |
| **Classroom activities:** |  |  |
| Holding a pencil correctly | Yes | No |
| Using scissors | Yes | No |
| Handwriting | Yes | No |
| Immature drawings | Yes | No |
| Copying accurately | Yes | No |
| Jigsaw Puzzles | Yes | No |
| Putting things together eg. Lego | Yes | No |
| **General activities:** | | |
| Tying shoelaces | Yes | No |
| Doing up buttons | Yes | No |
| Using a knife and fork | Yes | No |
| Getting changed for PE | Yes | No |
| Excessive clumsiness | Yes | No |

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)