**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