



OCCUPATIONAL THERAPY
FAMILY PERSPECTIVE QUESTIONNAIRE

Child's name: _____

Person answering questions: _____

1. What is a typical day like for your child?

2. What would make the day easier for your child and family?

3. What are your major concerns regarding your child's development?

4. What do you see as your child's strengths?

5. What would you like your child to gain from occupational therapy?

6. What would you like to learn from the therapist and therapy sessions?

7. Any other questions, concerns, or comments?
