Please use the following questions to guide your interview with the parent. Indicate (x) whether the parent has any concerns.

<table>
<thead>
<tr>
<th>Question</th>
<th>Concern</th>
<th>Parent Comments</th>
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</thead>
</table>
| **Do you have any concerns about your child’s development, learning or behaviour?** (Think about: difficulty learning new things, particularly motor-based tasks, increased effort, frustration) | □ Low  
□ Some  
□ High |                |
| **What types of activities does your child enjoy?** (Think about whether these are mostly nonphysical activities [e.g., computer, TV, video games]) | □ Low  
□ Some  
□ High |                |
| **Are there activities that your child tends to avoid?** (Think about: drawing, cutting, printing, ball games, sports, playground activities, running) | □ Low  
□ Some  
□ High |                |
| **How is your child managing self-care routines** (e.g., dressing independently; doing up buttons, zippers; tying shoes; cutting meat; spreading food with a knife)? (Are you helping a lot? Is your child frustrated?) | □ Low  
□ Some  
□ High |                |
| **Does your child play any sports or active games?** (Does he/she like to participate in organized sports? Does he/she tend to quit after trying a new sport?) | □ Low  
□ Some  
□ High |                |
| **How does your child enjoy school? What school activities are more challenging for him/her?** (Does he/she avoid school, complain of stomachaches, have difficulty completing school tasks, dislike homework, particularly written work?) | □ Low  
□ Some  
□ High |                |
| **Does your child have friends that he/she plays with?** (Is your child lonely, teased, victimized? Does he/she have a close friend?) | □ Low  
□ Some  
□ High |                |
| **When you think back, is there anything that you have tried to teach your child to do that has taken longer than you think it should have?** (Think about activities such as doing up fasteners, bicycle riding, tying shoes, ball games, soccer kicks) | □ Low  
□ Some  
□ High |                |

**Physiotherapist’s name:** ____________________