



## Occupational Therapy Curricular Form for Parents

### Child's Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

### Parent/Guardian Information:

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Areas of Focus:

Please indicate areas where you'd like your child to receive support:

- Fine Motor Skills (e.g., writing, cutting)
- Gross Motor Skills (e.g., running, balance)
- Sensory Processing
- Social Skills
- Self-Care Skills (e.g., dressing, feeding)
- Other (please specify): \_\_\_\_\_

### Goals for the Year:

What are your goals for your child's development? (List up to 3)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Additional Information:

Is there anything you'd like the occupational therapist to know about your child? (e.g., allergies, medical conditions, strengths, challenges)

\_\_\_\_\_

\_\_\_\_\_

### Consent:

I give permission for my child to receive occupational therapy services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_