FUNCTIONAL CAPACITY ASSESSMENT · PAEDIATRIC INTAKE

PARENT AND CAREGIVER VERSION · COMPLETED ABOUT YOUR CHILD

Functional Capacity Assessment

Your child's story, in your words.

This form helps us understand how everyday life works for your child before the assessment interview. You are the expert on your child, and detailed real-life examples help us prepare a more accurate and useful report. Short answers, long answers and dot points are all welcome. You may complete the form over several sittings, and you do not need to repeat information already provided. Please complete each applicable item in the standardised questionnaires, because every item contributes to the result.

Nisha Bal Principal Occupational Therapist

Registered Occupational Therapist · AHPRA OCC0001752238

Go at YOUR OWN PACE

Skip what DOESN'T APPLY

You are the expert ON YOUR CHILD

PLEASE READ FIRST

How to fill in and *save this form*

This is a fillable PDF. You type your answers straight into the boxes on screen. Here is how to keep your answers safe.

SAVING YOUR ANSWERS

1	STEP 1 **Open it on a computer if you can**	Adobe Acrobat Reader is free and the most reliable. Some web browsers and phone apps do not save typed answers properly, so a computer is the safest choice.
2	STEP 2 **Type into the boxes**	Click a box and type. The small arrows mark boxes that scroll, so you can keep writing past the edge and nothing is lost. The larger boxes are an invitation to write more, and long answers are welcome.
3	STEP 3 **Save to your own computer as you go**	Use File then Save, or the save icon. You can stop and come back as many times as you like. Just save each time before you close it.
4	STEP 4 **Do not use Print to PDF**	That can flatten your answers into a picture and lose them. Always use Save.
5	STEP 5 **Upload when you are finished**	Save one last time, then upload the completed file through your intake link.

You can stop and save, and come back any time.

PLEASE READ FIRST

First, check that *saving works*

Please run this one quick test before you fill the whole form in, so you never lose your answers later.

Test that saving works

Type anything in the box below. Save the file to your own computer, then close it and open it again. If your text is still there, saving is working. If it has gone, open the form in Adobe Acrobat Reader on a computer and run the test once more.

TEST BOX

Type anything here, then save, close, and reopen to check it saved.

WHILE YOU FILL IT IN

Go at your own pace

Complete it across several sittings if you need to. Save as you go.

Skip what does not fit

Open questions may be skipped if they do not apply or you do not wish to answer them. If you choose to complete a standardised questionnaire, please answer every applicable item so that a complete result can be calculated.

PLEASE READ FIRST

A few things *to know*

These make the form easier, and help your child's report reflect their real life.

Plain words are best

Write the way you would say it. What actually happened on an ordinary day tells me more than clinical terms.

You are the expert on your child

You see what professionals never see. Real examples from the last 2 to 4 weeks, including the support you gave, are the strongest evidence.

Some questions are sensitive

Questions about safety, risks, and your own capacity as a carer are here so nothing important is missed. Share only what you are comfortable putting in writing.

Three parts

Part 1 is your child's details and a safety snapshot, Part 2 is daily life in your words plus your goals, and Part 3 is recognised questionnaires, with a short guide to which ones apply.

PART 1 PART 2 PART 3

PLEASE READ FIRST

The more you tell us, *the better the report*

Your child's report is built from your words. Detailed real-life examples are evidence, and short answers and dot points are welcome too. Here is how to give this form what it needs, without repeating yourself.

GIVING US DEPTH

There is no limit	Every box scrolls, the small arrows show you where, and the file keeps every word you type. Long answers are not just accepted, they are read in full, and they carry weight in the report.
Draft anywhere, paste here	If a box feels small for what you have to say, write your answer in a notes app or a document first, take your time, then copy and paste it in. The box will take all of it.
Say it instead of typing it	Most phones and computers have free dictation built in. Tap the microphone on your keyboard and talk, and it types for you. Spoken answers are often the richest ones.
Repeat only where it counts	Part 3's recognised questionnaires must be asked in their exact words, so answer every applicable item there, even when it feels familiar. Each item forms part of its result. In the open questions, you never need to repeat yourself. Write 'see earlier answer' and add only what is new.

If you are not sure whether something is worth including, include it.

THE FORM BEGINS OVERLEAF

PART 1

PART 1 OF 3

About your child and your family

The basics first, so I know who your child is and how to reach you, plus a quick safety snapshot so anything urgent is seen early.

WHAT'S IN THIS PART

Consent, your child's details and background, your contact details, a fast risk snapshot, and a space for your child's own voice. Mostly short answers and tick-boxes.

A sentence or two is plenty. The detail comes later, in Part 2, in your own words.

You can stop and save at any time. Taking a break here and coming back later is a good idea.

SECTION 1.1

Consent and privacy

QUESTIONS	YOUR ANSWERS
Consent to proceed with the Functional Capacity Assessment questionnaire	☐ I consent to proceeding with this questionnaire as part of my child's Functional Capacity Assessment.
Privacy notice acknowledgement	☐ I understand my information may be used to prepare an NDIS-ready FCA report and stored securely.

SECTION 1.2

Your child

QUESTIONS	YOUR ANSWERS
CHILD	The child this assessment is for.
Child's full name	
Preferred name / nickname	
Date of birth *DD / MM / YYYY*	

Pronouns	◯ he/him ◯ she/her ◯ they/them ◯ other (self-describe below)
If 'other' pronouns, please self-describe	

SECTION 1.3

Who is completing this form

QUESTIONS	YOUR ANSWERS
Parent/Carer name(s)	
Relationship to child *For example: mother, father, kinship carer, guardian.*	
Today's date *DD / MM / YYYY*	
Main contact for the FCA	◯ Parent/Carer 1 ◯ Parent/Carer 2 ◯ Other (specify below)
If 'Other', please specify the main contact	
Best phone number *Mobile preferred.*	

Best email address	
Residential address	
Postal address (if different)	
Preferred method of contact	◯ Phone ◯ Email ◯ Text message

SECTION 1.4

Your child's background

QUESTIONS	YOUR ANSWERS
Primary diagnosis / conditions (list all) *Include medical, developmental, and psychosocial diagnoses. Example: Autism Spectrum Disorder Level 2, ADHD combined type, Generalised Anxiety Disorder, dyslexia, sensory processing disorder.*	
Other relevant health or developmental information *Examples: significant medical history (operations, illnesses, injuries); sleep issues or eating difficulties; mental health concerns; trauma history (if safe to share).*	

Current living situation (who your child lives with; home layout)

Example: lives with mum and younger sister in a single-storey home with small backyard.

Cultural identity (select all that apply)

- ☐ First Nations (Aboriginal)
- ☐ Torres Strait Islander
- ☐ PNG/South Sea
- ☐ Māori
- ☐ Other (self-describe below)
- ☐ Prefer not to say

If 'Other' cultural identity, please describe

SECTION 1.5

Fast risk snapshot

QUESTIONS YOUR ANSWERS

This helps us prioritise safety and urgent supports. We'll explore detail later — short answers are fine here.

Any self-harm thoughts or behaviours in the past 3 months?

- ◯ No
- ◯ Unsure
- ◯ Yes — currently
- ◯ Yes — previously, not current

Bolting / elopement risk in the community?

- ◯ No
- ◯ Sometimes
- ◯ Yes — frequent

Falls or head injuries in the last 12 months?	◯ No ◯ Minor only ◯ Yes — ED/hospital visit
Delayed injury reporting (needs prompting to tell when hurt)?	◯ No ◯ Sometimes ◯ Yes — often
At least one ED/urgent care visit in the last 3 months? *If Yes, give the detail below.*	◯ No ◯ Yes
If 'Yes' to ED/urgent care: how many visits and main reasons?	

SECTION 1.6

Your child's voice (optional)

QUESTIONS YOUR ANSWERS

If your child wants to add something in their own words, type it here. Short notes are perfect.

Child's own message (optional)	
What helps them feel safe/calm? (optional)	

In their words or yours: what they love, and what they are proud of

Favourite things, obsessions, small victories. However they would say it.

How your child would describe a good day, in their own way

What they would choose to do, see, eat, avoid. Their version, not the grown-up one.

PART 2

PART 2 OF 3

Daily life, in your own words

This is where I most want to hear from you. You are the expert on your child, and real examples from recent weeks tell me more than any score. Dot points are welcome.

WHAT'S IN THIS PART

A typical day, everyday skills with real examples, school, communication, sensory processing, safety in the community, health, sleep, daily living, social life, your own capacity as a carer, the supports around you, and up to five goals for your child.

Free writing and tick-boxes, and you choose which questions to answer. Every box scrolls, so write as much as you like.

You can stop and save at any time. Taking a break here and coming back later is a good idea.

You are the expert on your child

Thank you for taking the time to complete this. Please write in your own words, and dot points are great. Be specific where you can: what happened, how often, and what support was needed. Real examples from the last 2 to 4 weeks carry the most weight in your child's report. Open questions may be skipped if they do not apply or you do not wish to answer them, and you never need to repeat information you have already given. If an earlier answer covers it, write 'see earlier answer' and add only what is new.

SECTION 2.1

A typical day (daily rhythm)

QUESTIONS | YOUR ANSWERS

Paint us a quick picture of a typical day. Then tell us about a good day and a hard day.

Weekday timeline (morning, school or home, after school, evening, bedtime)

Hardest part of the day & why

What a ′good day′ looks like

What a ′hard day′ looks like

SECTION 2.2

Your child's story

QUESTIONS YOUR ANSWERS

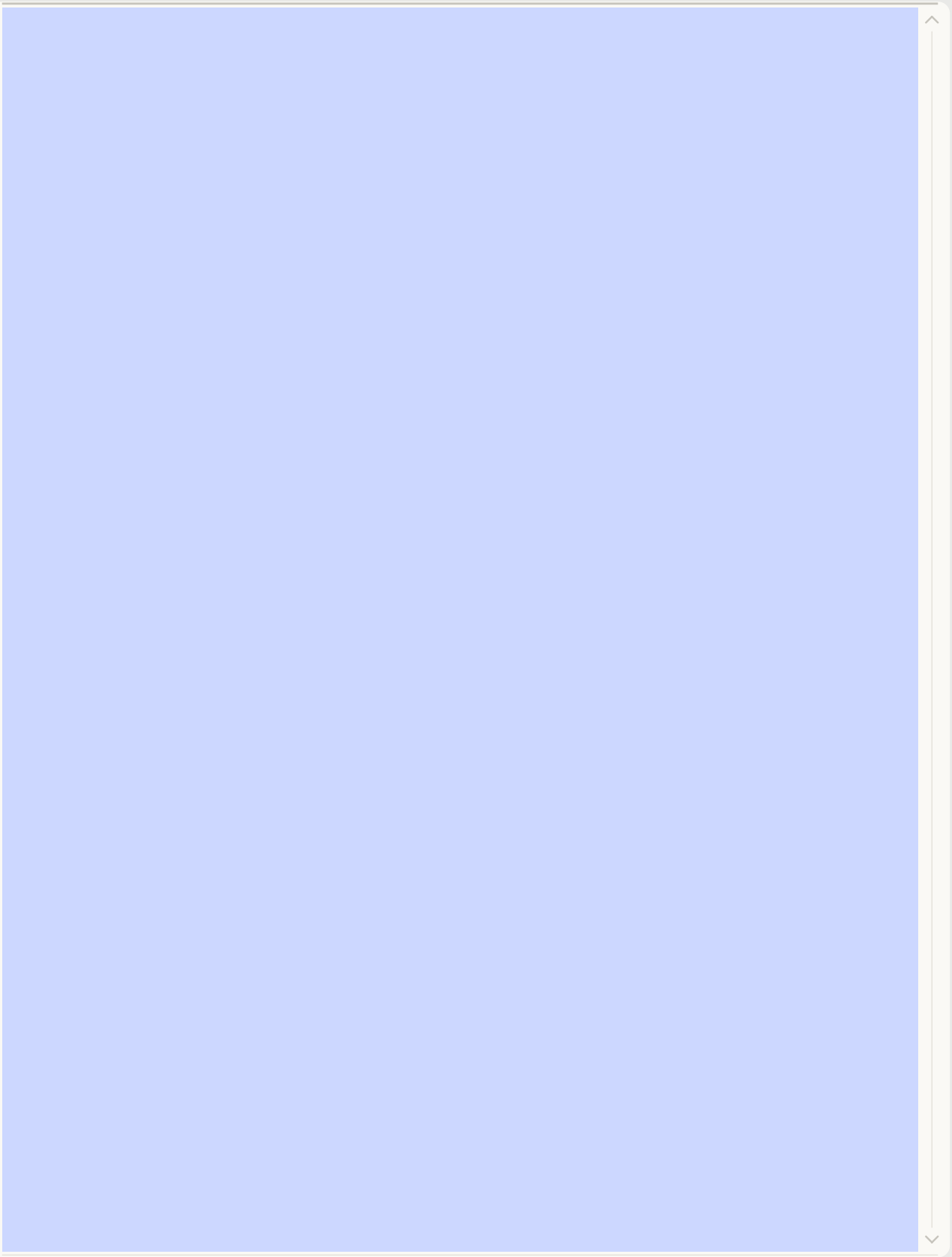
Six pages, six questions, all yours

The next six pages each ask one question and give you the whole page to answer it. This is where the report gets its depth: the things no checklist can catch. Tell it the way you would tell a friend. Dot points are welcome, part-answers are welcome, and you can skip any page. If typing is slow, use your phone or computer's dictation and just talk.

Every box scrolls, so nothing you write is ever cut off. We read every word.

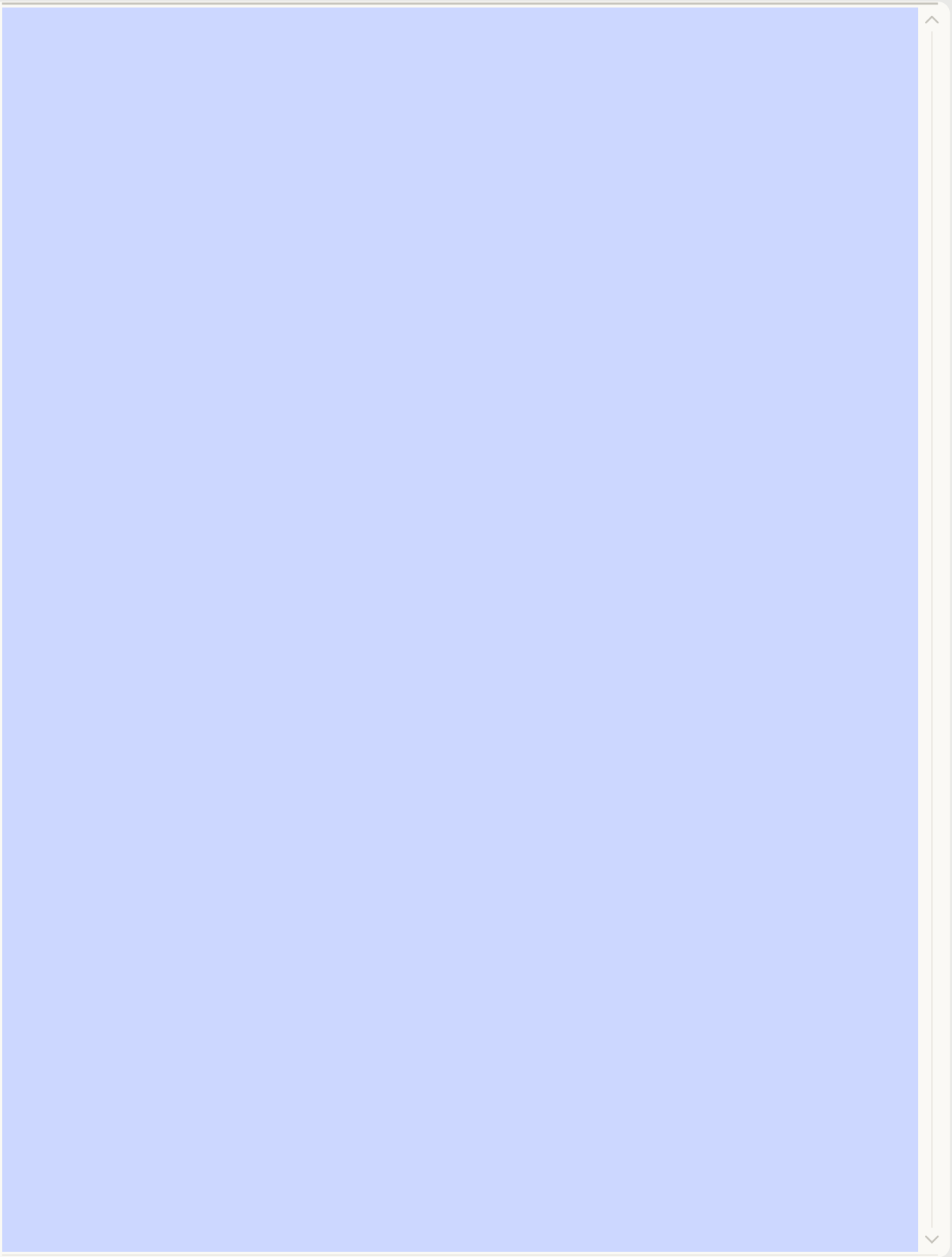
Introduce your child, beyond the paperwork

Their spark, their loves, their strengths, what makes them laugh. Before anything else in this form, who is this kid?



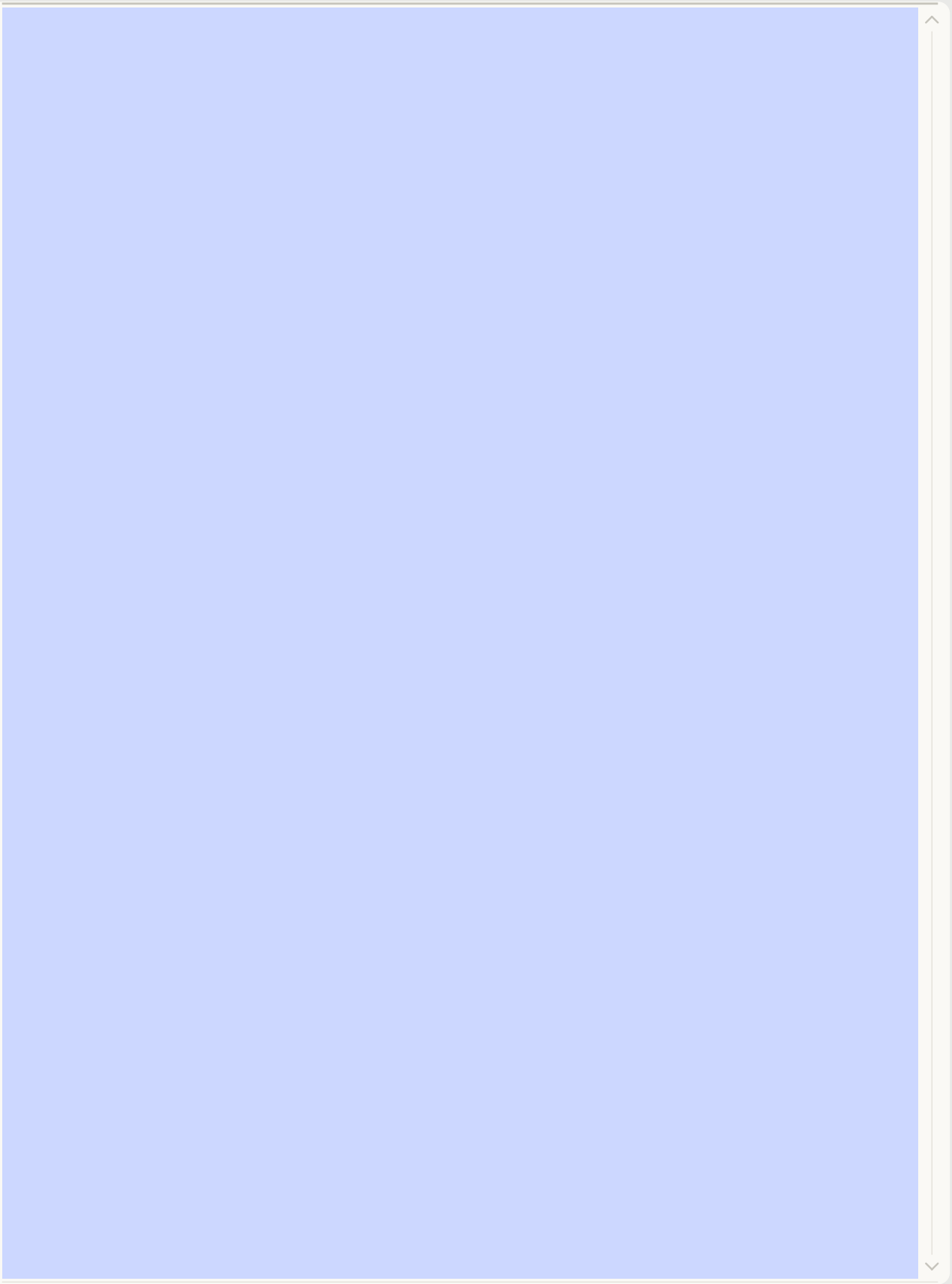
One real morning, from waking up to walking out the door (or not)

Pick an actual morning from the last week or two and tell it moment by moment, including every prompt, hand and workaround you supplied along the way.



The hardest day in the last month, start to finish

What led up to it, what happened, who did what, what it took to get through, and how the day ended.

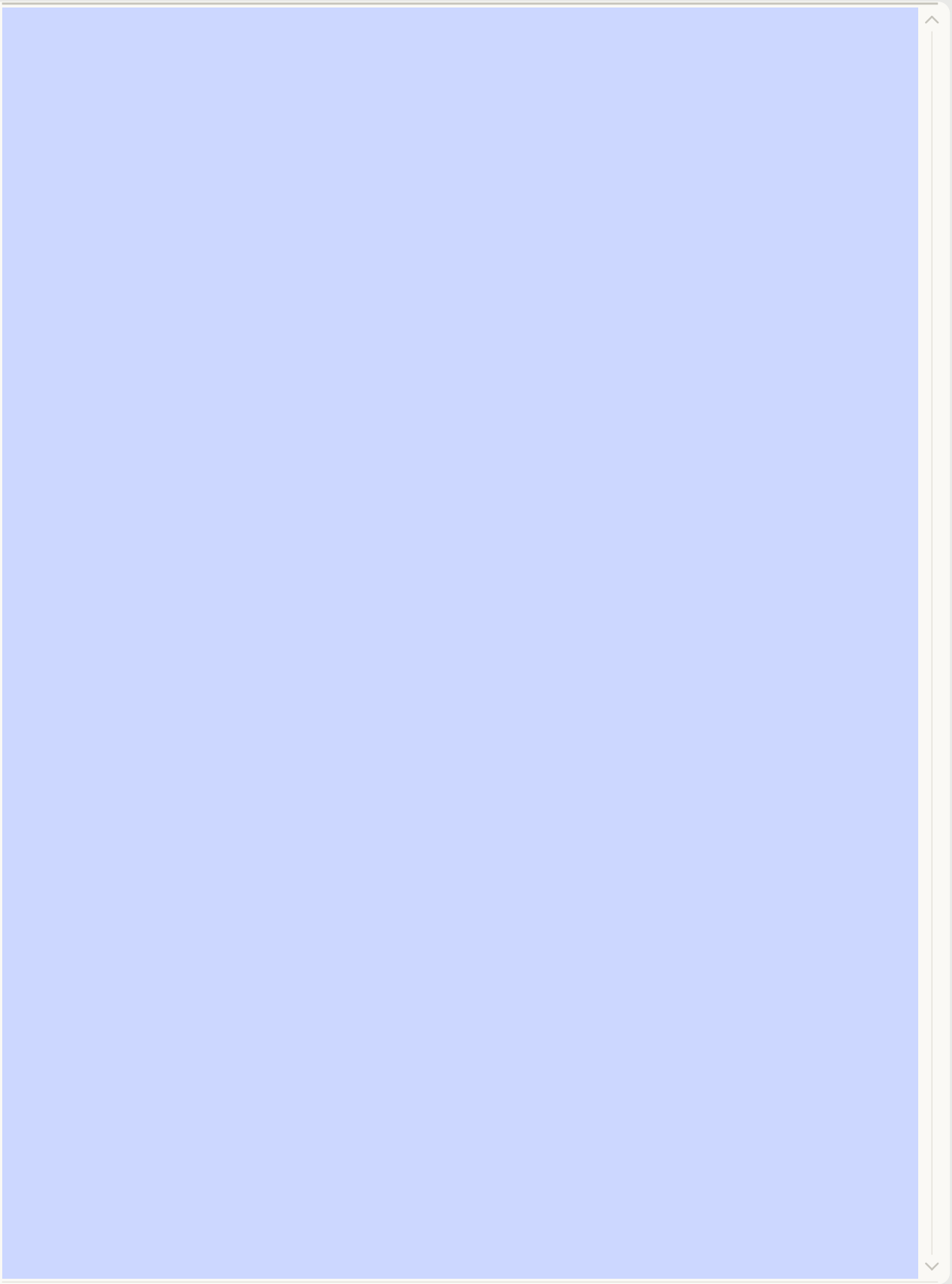


A day that went well, and what made it work

The timing, the supports, the environment, the people. What was different about that day?

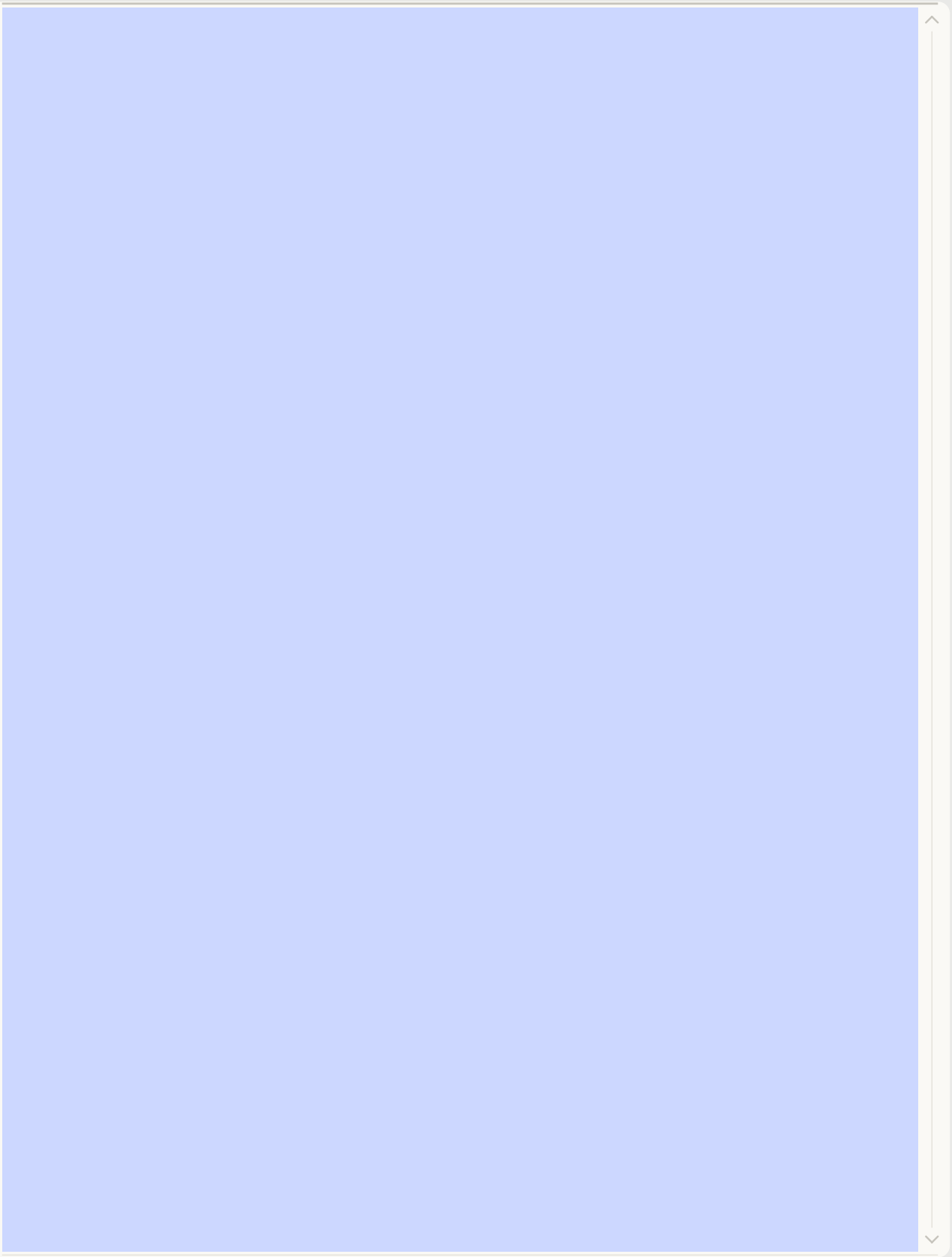
What daily life is like for your whole family

Siblings, evenings, weekends, work, sleep. What family life bends around, what gets postponed, and what it costs.



A year from now, what would a good ordinary day look like?

Not a miracle. A realistic better day, with the right supports in place. What would be different from this morning?



SECTION 2.3

Everyday skills (parent stories)

QUESTIONS YOUR ANSWERS

Everyday skills, told through real examples

Ten areas of everyday life. For each one, rate your child's typical ability over the last 2–4 weeks, tick the supports they need, and share one real example from recent weeks. We do the scoring separately, so the example is the most valuable part: what happened, how often, and what support was needed.

Communication

Frequency / ability

Rate typical ability in the last 2–4 weeks.

0 Not able — 4 Independent

0 1 2 3 4

Supports needed (select all that apply)

- [ ] No prompts
- [ ] Verbal prompts
- [ ] Visuals / picture sequence
- [ ] Physical help
- [ ] Timers
- [ ] Avoids / refuses
- [ ] Not applicable

Real-life example from last 2–4 weeks

How they understand others, express needs, join conversations, use alternatives (AAC/gestures). Prompts: asking for help, appointment behaviour, going silent/freezing.

Community Use

Frequency / ability

Rate typical ability in the last 2–4 weeks.

0 Not able — 4 Independent

0 1 2 3 4

Supports needed (select all that apply)

- [ ] No prompts
- [ ] Verbal prompts
- [ ] Visuals / picture sequence
- [ ] Physical help
- [ ] Timers
- [ ] Avoids / refuses
- [ ] Not applicable

Real-life example from last 2–4 weeks

How they use places outside home (school, shops, playgrounds). Prompts: travel, finding places, safety risks, anxiety/refusal.

Functional Academics

Frequency / ability

Rate typical ability in the last 2–4 weeks.

0 Not able — 4 Independent

0 1 2 3 4

Supports needed (select all that apply)

- [ ] No prompts
- [ ] Verbal prompts
- [ ] Visuals / picture sequence
- [ ] Physical help
- [ ] Timers
- [ ] Avoids / refuses
- [ ] Not applicable

Real-life example from last 2–4 weeks

Using reading/writing/numbers in daily life. Prompts: signs/menus, money/time, forms/instructions, homework.

Home Living

Frequency / ability

Rate typical ability in the last 2–4 weeks.

0 Not able — 4 Independent

0 1 2 3 4

Supports needed (select all that apply)

- [ ] No prompts
- [ ] Verbal prompts
- [ ] Visuals / picture sequence
- [ ] Physical help
- [ ] Timers
- [ ] Avoids / refuses
- [ ] Not applicable

Real-life example from last 2–4 weeks

Daily tasks in the home. Prompts: chores, step-by-step needs, forgetting/avoiding tasks.

Health & Safety

Frequency / ability

Rate typical ability in the last 2–4 weeks.

0 Not able — 4 Independent

0 1 2 3 4

Supports needed (select all that apply)

- ☐ No prompts
- ☐ Verbal prompts
- ☐ Visuals / picture sequence
- ☐ Physical help
- ☐ Timers
- ☐ Avoids / refuses
- ☐ Not applicable

Real-life example from last 2–4 weeks

Looking after health and staying safe. Prompts: recognising illness, road safety, dangerous situations/people, injury history.

Halfway through the skill areas. Save, stretch, and keep going when you're ready.

Leisure

Frequency / ability

Rate typical ability in the last 2–4 weeks.

0 Not able — 4 Independent

0 1 2 3 4

Supports needed (select all that apply)

- [ ] No prompts
- [ ] Verbal prompts
- [ ] Visuals / picture sequence
- [ ] Physical help
- [ ] Timers
- [ ] Avoids / refuses
- [ ] Not applicable

Real-life example from last 2–4 weeks

Playing/relaxing. Prompts: choosing activities, joining games, rules/turn-taking, support needed.

Self-Care

Frequency / ability

Rate typical ability in the last 2–4 weeks.

0 Not able — 4 Independent

0 1 2 3 4

Supports needed (select all that apply)

- [ ] No prompts
- [ ] Verbal prompts
- [ ] Visuals / picture sequence
- [ ] Physical help
- [ ] Timers
- [ ] Avoids / refuses
- [ ] Not applicable

Real-life example from last 2–4 weeks

Hygiene, dressing, eating, toileting. Prompts: reminders, steps, physical help, sensory issues.

Self-Direction

Frequency / ability

Rate typical ability in the last 2–4 weeks.

0 Not able — 4 Independent

0 1 2 3 4

Supports needed (select all that apply)

- [ ] No prompts
- [ ] Verbal prompts
- [ ] Visuals / picture sequence
- [ ] Physical help
- [ ] Timers
- [ ] Avoids / refuses
- [ ] Not applicable

Real-life example from last 2–4 weeks

Planning/starting/finishing tasks. Prompts: prompts to start, distraction, safe decisions.

Social

Frequency / ability

Rate typical ability in the last 2–4 weeks.

0 Not able — 4 Independent

0 1 2 3 4

Supports needed (select all that apply)

- ☐ No prompts
- ☐ Verbal prompts
- ☐ Visuals / picture sequence
- ☐ Physical help
- ☐ Timers
- ☐ Avoids / refuses
- ☐ Not applicable

Real-life example from last 2–4 weeks

Getting along and making/keeping friends. Prompts: starting conversations, reading cues, sharing/turn-taking.

Motor Skills (context)

Frequency / ability

Rate typical ability in the last 2–4 weeks.

0 Not able — 4 Independent

0 1 2 3 4

Supports needed (select all that apply)

- [ ] No prompts
- [ ] Verbal prompts
- [ ] Visuals / picture sequence
- [ ] Physical help
- [ ] Timers
- [ ] Avoids / refuses
- [ ] Not applicable

Real-life example from last 2–4 weeks

Gross/fine motor. Prompts: catching/throwing, cutlery/writing, clumsiness/balance/falls.

SECTION 2.4

School & learning access

QUESTIONS YOUR ANSWERS

Tell us how school is going right now and what helps (or doesn't).

Current schooling arrangement

- ◯ Mainstream
- ◯ Support unit
- ◯ Distance / online
- ◯ Home education
- ◯ Not attending
- ◯ Other (specify below)

If 'Other' schooling arrangement, please specify

Attendance pattern (last term)

	Never	Rarely	Sometimes	Often	Always
Full days	○	○	○	○	○
Partial days	○	○	○	○	○
Home learning	○	○	○	○	○
Not attending	○	○	○	○	○

Literacy access / adjustments (select all that apply)

- ☐ Text-to-speech
- ☐ Scribe / typing
- ☐ Reduced written load
- ☐ Structured literacy program
- ☐ None
- ☐ Unknown

Common triggers at school (select all)

- ☐ Noise / crowds
- ☐ Transitions
- ☐ Tests / assessments
- ☐ Unstructured times (recess, lunch)
- ☐ Peer conflict
- ☐ Sensory (toilets / corridors)
- ☐ Reading / writing demand
- ☐ Other (write below)

If 'Other' triggers, please describe

A 'good day at school' looks like...

A 'hard day at school' looks like...

SECTION 2.5

Mini-timeline: school non-attendance risk & attempts

QUESTIONS YOUR ANSWERS

If relevant, add dates and details so we can map the pattern and explain 'Why NDIS now'.

Date(s) of school withdrawal or reduced attendance (add most relevant date)

DD / MM / YYYY

Distance-ed / reduced load — average hours per day (0–8)

Enter a number from 0 to 8.

Attempts to re-enter or service contacts (with dates and outcomes)

'Why NDIS now' — one-line risk statement

For example: 'At risk of prolonged non-attendance without supports.'

SECTION 2.6

Communication & help-seeking

QUESTIONS YOUR ANSWERS

How your child tells you what they need, and what happens in clinics or unfamiliar places.

How your child communicates (select all that apply)

- [ ] Speech
- [ ] Gestures
- [ ] Drawing / writing single words
- [ ] AAC device / app
- [ ] Yes/No card
- [ ] Body map (point to where it hurts)
- [ ] Other (describe below)

If 'Other' communication, describe

In appointments, they usually...

- ◯ Answer freely
- ◯ Give short answers only
- ◯ Point / gesture
- ◯ Go silent
- ◯ Other (describe below)

If 'Other', describe appointment communication

What helps in clinics (select all)

- ☐ Yes/No questions
- ☐ Visuals / pictures
- ☐ Quiet room
- ☐ Familiar support person
- ☐ Short sessions
- ☐ Written summary after visit
- ☐ Other (describe below)

If 'Other', describe what helps in clinics

Example of a recent help-seeking success or barrier (what happened; what helped)

A day when communication flows, and what that looks like

When they are understood easily: how they ask, tell, joke, protest. What sets those days up.

A day when getting understood is hard, and what happens

What the day looks like when words don't come or aren't heard: what they do, what you do, how it resolves.

SECTION 2.7

Sensory processing

QUESTIONS YOUR ANSWERS

Sensory sensitivities or seeking behaviours that affect daily life, safety, or participation.

Sensitivities — rate each area

	0 No difficulty	1 Mild	2 Moderate	3 Severe
Sound	○	○	○	○
Light	○	○	○	○
Touch / textures	○	○	○	○
Smell	○	○	○	○
Movement / heights	○	○	○	○

	0 No difficulty	1 Mild	2 Moderate	3 Severe
Crowds / visual clutter	○	○	○	○
Temperature / water on face	○	○	○	○

Sensory-seeking behaviours (select all that apply)

- ☐ Movement / spinning
- ☐ Deep pressure
- ☐ Chewing
- ☐ Watching visual patterns
- ☐ Other (describe below)

If 'Other' sensory-seeking, describe

Sensory tools that help (select all)

- ☐ Headphones / ear defenders
- ☐ Cap / hood
- ☐ Sunglasses
- ☐ Weighted / compression
- ☐ Chew / cool cloth
- ☐ Quiet corner
- ☐ Other (describe below)

If 'Other' tools, describe

Sensory example — overload situation, what happened, what helped

How sensory needs shape an ordinary day at home

Clothing, food textures, sounds in the house, screens, siblings' noise. Walk through a normal day.

A sensory-hard outing, start to finish

A recent shop, appointment or event. The build-up, the moment it turned, and the trip home.

After overload, what the rest of the day looks like

How long recovery takes, what it looks like, and what the household does differently around it.

A time the right sensory support changed the day

What you tried, what happened, and what it made possible that day.

SECTION 2.8

Community safety & elopement map

QUESTIONS YOUR ANSWERS

If bolting/elopement happens, help us map when, where, and what helps.

Bolting / elopement frequency

- ◯ Never
- ◯ Rare (< monthly)
- ◯ Sometimes (monthly)
- ◯ Often (weekly)
- ◯ Very often (multiple/week)

Typical triggers (select all)

- ☐ Noise / crowds
- ☐ Transitions
- ☐ Conflict
- ☐ Demands
- ☐ Toilets / bathrooms
- ☐ Unfamiliar settings
- ☐ Other (describe below)

If 'Other' triggers, describe

Places with greatest risk (select all)

- [ ] Roads / curbs
- [ ] Carparks
- [ ] Shopping centres
- [ ] Playgrounds
- [ ] Transport hubs
- [ ] Other (describe below)

If 'Other' places, describe

Current safety strategies (select all)

- [ ] Hand-to-adult
- [ ] ID card / contact details
- [ ] Visual route / photo preview
- [ ] Off-peak times
- [ ] Headphones / sensory kit
- [ ] Stop–Breathe–Look–Listen routine
- [ ] Other (describe below)

If 'Other' strategies, describe

Two real examples — what led up to it; what happened; what helped

SECTION 2.9

Health, medication & ED snapshot

QUESTIONS YOUR ANSWERS

This helps us explain health-related risks, delayed reporting, and after-care barriers.

Diagnoses & current health concerns

Medications / health routines — who manages and what reminders are needed

Difficulty reporting pain / injury / illness?

- ◯ No
- ◯ Sometimes
- ◯ Yes — needs prompting

ED / urgent care visits in last 12 months — number and reasons

After-care adherence barriers (select all)

- [ ] Written instructions confusing
- [ ] Avoids talking about it
- [ ] Forgets steps
- [ ] Sensory aversion (dressings/water/odour)
- [ ] Transport / scheduling issues
- [ ] Other (describe below)

If 'Other' barriers, describe

What helps with health tasks (select all)

- [ ] Picture steps
- [ ] Timers / vibration prompts
- [ ] Scribe summary / written next steps
- [ ] Support worker prompts
- [ ] Quiet rooms / off-peak appointments
- [ ] Other (describe below)

If 'Other' supports, describe

Injury/illness example — onset how reported what helped

SECTION 2.10

Critical risks (deep dive)

QUESTIONS YOUR ANSWERS

If there are urgent safety, health, or wellbeing concerns, please describe clearly with real examples. This supports timely, appropriate funding.

Mental health risks — self-harm thoughts/behaviours, timeline, warning signs (optional if not relevant)

Behavioural risks — aggression, objects thrown, property damage (optional)

Community risks — getting lost, unsafe peers, stranger risk (optional)

Immediate safety measures at home/community (optional)

Anything else urgent (optional)

The safety questions are done. The next sections are sleep, daily living, and the people around your child. Save first if you'd like a break.

SECTION 2.11

Sleep & fatigue

QUESTIONS YOUR ANSWERS

Night terrors, insomnia, and tiredness can drive daytime incidents. Tell us what nights look like.

Typical bedtime

For example: 9:30 pm.

Typical wake time

For example: 6:45 am.

Sleep difficulties (select all)

- [ ] Takes long to fall asleep
- [ ] Night wakings
- [ ] Night terrors
- [ ] Early waking
- [ ] Needs proximity/reassurance
- [ ] Snoring / apnoea concerns
- [ ] Other (describe below)

If 'Other' sleep difficulties, describe

Nights per week with good sleep (0–7)

Enter a number from 0 to 7.

Next-day effects (select all)

- [ ] Slow mornings
- [ ] Low energy
- [ ] Irritable
- [ ] Falls / accidents
- [ ] School refusal
- [ ] Other (describe below)

If 'Other' next-day effects, describe

What helps at night (select all)

- [ ] Wind-down routine
- [ ] White noise
- [ ] Weighted / compression
- [ ] Audiobook
- [ ] Scheduled awakenings
- [ ] Other (describe below)

If 'Other' night supports, describe

Recent sleep example — what happened, how you supported, what you noticed next day

SECTION 2.12

Daily living (home & community tasks)

QUESTIONS YOUR ANSWERS

What can be done independently, and what needs supervision or scaffolds.

Independent tasks (select all that apply now)

- [ ] Packing bag
- [ ] Simple snack (cold prep)
- [ ] Toast with timer
- [ ] Wiping bench
- [ ] Starting laundry (with labelled program)
- [ ] None yet

Supports needed (select all)

- [ ] Visual strips / picture steps
- [ ] One-step prompts
- [ ] Timers
- [ ] Adult supervision
- [ ] Avoids / refuses
- [ ] Other (describe below)

If 'Other' supports, describe

Example of a task going well vs not well

Getting ready in the morning, told as it actually happens

Waking, dressing, breakfast, teeth, shoes, out the door. Where the time and the support really go.

What mealtimes look like on an ordinary day

Where they sit, what they eat, what happens around the table, and what you do to make it work.

The evening routine, from dinner to lights out

Bath or shower, winding down, the handovers between parents. The evening as it really runs.

SECTION 2.13

Social & participation

QUESTIONS YOUR ANSWERS

How they connect with peers and what helps attempts go well.

Current social pattern

- ◯ Has close friend(s)
- ◯ Plays alongside
- ◯ Prefers adults/younger children
- ◯ Avoids peers
- ◯ Other (describe below)

If 'Other' social pattern, describe

Barriers to participation (select all)

- [ ] Anxiety
- [ ] Not sure what to say
- [ ] Sensory overload
- [ ] Past bullying
- [ ] Unsafe local peer group
- [ ] Other (describe below)

If 'Other' barriers, describe

What helps (select all)

- [ ] Small / quiet groups
- [ ] Interest-based (art, animals, gaming)
- [ ] Mentor / buddy
- [ ] Scripts / role-play
- [ ] Short duration (10–20 minutes)
- [ ] Other (describe below)

If 'Other' supports, describe

Recent social attempt — short story (what happened; what helped)

A recent party, gathering or outing, start to finish

The lead-up, the arrival, how long it lasted, what helped, and how everyone was afterwards.

What a weekend looks like for your child

Saturday morning to Sunday night: who they see, where they go, what gets attempted and what gets avoided.

SECTION 2.14

Carer capacity & health (functional limits)

QUESTIONS YOUR ANSWERS

Understanding the caring context helps us explain why supports must be externalised (NDIS s.34).

Primary carer health conditions / concerns / issues

How these affect caring tasks

Practical limits — hours per day you can safely supervise; tasks you can't do; times of day hardest

Backup supports available

- ◯ Reliable backup available
- ◯ Intermittent
- ◯ None

Reason supports must be externalised — one line

For example: 'My health conditions mean I cannot guarantee 1:1 community supervision.'

SECTION 2.15

Informal & formal supports map

QUESTIONS YOUR ANSWERS

Who helps, which services are involved, and what gets in the way.

People who help (who/when/what)

Previous support worker use (what worked / why it ended)

Services currently involved (select all)

- [ ] Occupational Therapy (OT)
- [ ] Psychology
- [ ] Speech Pathology
- [ ] Physiotherapy
- [ ] Behaviour Support
- [ ] Support Coordination
- [ ] None
- [ ] Other (describe below)

If 'Other' services, describe

Barriers to accessing services (select all)

- [ ] Waiting lists
- [ ] Transport
- [ ] Cost
- [ ] Capacity to attend
- [ ] Not available locally
- [ ] Cultural safety concerns
- [ ] Other (describe below)

If 'Other' barriers, describe

SECTION 2.16

Your goals for your child (COPM)

QUESTIONS YOUR ANSWERS

Choose what matters most

Choose up to five priority activities: everyday things your child needs or wants to do that are hard right now. One or two is also fine. For each goal, tell us what is hard and what going well would look like, then rate how important it is, how your child performs now, and how satisfied you are with that, each from 1 to 10. We confirm these together at the interview.

For example: eating with cutlery at the table, falling asleep calmly, dressing independently, joining a community activity, or getting ready for school without distress. Choose the activity itself, rather than a service like therapy or a support worker.

Goal #1

Goal #1 — title

For example: 'Shower independently'.

Goal #1 — current difficulty

Goal #1 — if going well, it would look like...

Importance

1 Not important 10 Extremely important

1 2 3 4 5 6 7 8 9 10

Performance now

1 Very poor — 10 Performs very well

1 2 3 4 5 6 7 8 9 10

Satisfaction now

1 Not satisfied — 10 Very satisfied

1 2 3 4 5 6 7 8 9 10

Goal #2

Goal #2 — title

For example: 'Shower independently'.

Goal #2 — current difficulty

Goal #2 — if going well, it would look like...

Importance

1 Not important — 10 Extremely important

1 2 3 4 5 6 7 8 9 10

Performance now

1 Very poor — 10 Performs very well

1 2 3 4 5 6 7 8 9 10

Satisfaction now

1 Not satisfied — 10 Very satisfied

1 2 3 4 5 6 7 8 9 10

Goal #3

Goal #3 — title

For example: 'Shower independently'.

Goal #3 — current difficulty

Goal #3 — if going well, it would look like...

Importance

1 Not important — 10 Extremely important

1 2 3 4 5 6 7 8 9 10

Performance now

1 Very poor — 10 Performs very well

1 2 3 4 5 6 7 8 9 10

Satisfaction now

1 Not satisfied — 10 Very satisfied

1 2 3 4 5 6 7 8 9 10

Goal #4

Goal #4 — title

For example: 'Shower independently'.

Goal #4 — current difficulty

Goal #4 — if going well, it would look like...

Importance

1 Not important — 10 Extremely important

1 2 3 4 5 6 7 8 9 10

Performance now

1 Very poor — 10 Performs very well

1 2 3 4 5 6 7 8 9 10

Satisfaction now

1 Not satisfied — 10 Very satisfied

1 2 3 4 5 6 7 8 9 10

Goal #5

Goal #5 — title

For example: 'Shower independently'.

Goal #5 — current difficulty

Goal #5 — if going well, it would look like...

Importance

1 Not important — 10 Extremely important

1 2 3 4 5 6 7 8 9 10

Performance now

1 Very poor — 10 Performs very well

1 2 3 4 5 6 7 8 9 10

Satisfaction now

1 Not satisfied — 10 Very satisfied

1 2 3 4 5 6 7 8 9 10

SECTION 2.17

Final thoughts

QUESTIONS | YOUR ANSWERS

Is there anything we missed?

Thanks for taking your time. This is great information, but people are complex. If you feel we are missing something about you, your child, or your story, please add it here.

Any information you would like to add, about you, your child, or your story

PART 3

PART 3 OF 3

Recognised questionnaires, about your child

Standard questionnaires that put recognised numbers behind your story. Two short snapshots first, then a guide tells you which of the optional sets apply, and you complete only those.

WHAT'S IN THIS PART

Two quick snapshots of everyday independence and participation, then a guide to the optional questionnaires: SDQ, Vanderbilt, WFIRS-P, participation compared with peers, sleep (SDSC), a sensory and school checklist, the ZBI-12 carer questionnaire, and a home safety screen. You complete only the sections that fit your child.

It looks long, but it is almost all ticking boxes, and most families skip several sections entirely.

You can stop and save at any time. Taking a break here and coming back later is a good idea.

Before you start

This part has two halves. First come two short snapshots that everyone completes, quick tick-box pictures of everyday independence and participation. Then a short guide helps you choose which of the recognised questionnaires match your child's circumstances, and you complete only those. Some items cover ground you have already written about in Part 2. That is deliberate: these questionnaires must be asked in their exact words, and in the tick-boxes it is fine to repeat yourself.

Everyday independence snapshot

Four everyday tasks. For each one, tick the level of help your child usually needs at the moment.

Complete this section when it reflects an important part of your child's daily functioning. Otherwise, you may skip it.

	0 Cannot do this yet	1 Needs hands-on help	2 Needs reminders	3 Does this independently
Packing their school bag with the things they need	○	○	○	○
Following a morning routine (for example, getting dressed, breakfast, brushing teeth)	○	○	○	○

	0 Cannot do this yet	1 Needs hands-on help	2 Needs reminders	3 Does this independently
Keeping their room or personal space reasonably tidy with support	○	○	○	○
Helping with simple household tasks (for example, setting the table, putting washing in the basket)	○	○	○	○

Community & social participation snapshot

Three kinds of participation. For each one, tick how your child manages compared with most children their age.

Complete this section when it reflects an important part of your child's daily functioning. Otherwise, you may skip it.

	0 Cannot participate	1 Very limited	2 A little limited	3 Similar to most peers
Joining in with family outings (for example, shops, playground, visiting relatives)	○	○	○	○
Taking part in group activities (for example, sports, clubs, group games)	○	○	○	○
Feeling comfortable in busy public places (for example, shopping centres, events)	○	○	○	○

- *Snapshots done. Next, a short guide to the optional questionnaires, so you only complete the ones that apply to your child. Save if you'd like a break.*

SECTION 3.1

Which questionnaires should I complete?

QUESTIONS YOUR ANSWERS

How this works

Everyone completes the two snapshots above. The questionnaires below are additional. Complete only the sections that match your child's circumstances, or that Seeds Occupational Therapy has asked you to complete. You do not need to complete every set. Answer Yes or No for each one below, then complete only the sections you marked Yes. Each has a link that takes you straight to it, and every section has a link back to this guide.

SDQ, Strengths and Difficulties Questionnaire

Will you complete the SDQ?

Complete it if emotions, concentration, behaviour, or getting along with other people is an important part of the picture for your child.

◯ Yes ◯ No

Go to SDQ · page 62 »

Vanderbilt ADHD Parent Rating Scale

Will you complete the Vanderbilt?

Complete it if attention, hyperactivity, impulsivity, or related behaviour is an important part of this assessment.

◯ Yes ◯ No

Go to Vanderbilt ADHD Parent Rating Scale · page 67 »

WFIRS-P, Weiss Functional Impairment Rating Scale

Will you complete the WFIRS-P?

Complete it if attention or behaviour difficulties affect family life, school, life skills, self-esteem, social life, or safety.

◯ Yes ◯ No

Go to WFIRS-P · page 73 »

Participation compared with same-age peers

Will you complete the participation set?

Complete it if taking part in family, school, or community life is limited compared with other children the same age.

◯ Yes ◯ No

Go to Participation compared with same-age peers · page 78 »

SDSC, Sleep Disturbance Scale for Children

Will you complete the SDSC?

Complete it if sleep is a concern for your child.

◯ Yes ◯ No

Go to SDSC · page 80 »

Sensory, regulation and school checklist

Will you complete the sensory and school checklist?

Complete it if sensory sensitivities, attention, emotional regulation, social communication, or school function are part of the picture.

◯ Yes ◯ No

Go to Sensory · page 83 »

ZBI-12, Zarit Burden Interview

Will you complete the ZBI-12?

For parents and carers. Complete it if you provide regular care or support. You answer it about your own experience.

◯ Yes ◯ No

Go to ZBI-12 · page 86 »

Home safety and falls screen

Will you complete the home safety screen?

Complete it if falls, stairs, bathroom access, or hazards around your home are relevant to your child.

◯ Yes ◯ No

Go to Home safety and falls screen · page 88 »

SDQ, Strengths and Difficulties Questionnaire

Complete this section only if you marked Yes in the guide; otherwise skip it. Twenty-five statements about emotions, concentration, behaviour, and getting along with others. For each statement, mark Not true, Somewhat true, or Certainly true. It helps to answer every item as best you can, even if you are not absolutely certain, on the basis of your child's behaviour over the last six months. The statements are worded in the first person, as your child might say them; answer each one as it applies to your child.

If you are completing this set, please answer every applicable item in it, because each item forms part of the result. If you are unsure between two responses, choose the response that best reflects your child's usual experience during the stated timeframe.

	0 Not true	1 Somewhat true	2 Certainly true
I worry a lot.	◯	◯	◯
I am often unhappy, down-hearted or tearful.	◯	◯	◯
I am nervous in new situations. I easily lose confidence.	◯	◯	◯
I have many fears. I am easily scared.	◯	◯	◯
I get a lot of headaches, stomach-aches or sickness.	◯	◯	◯
I get very angry and often lose my temper.	◯	◯	◯
I usually do as I am told.	◯	◯	◯

	0 Not true	1 Somewhat true	2 Certainly true
I fight a lot. I can make other people do what I want.	◯	◯	◯
I am often accused of lying or cheating.	◯	◯	◯
I take things that are not mine from home, school or elsewhere.	◯	◯	◯
I am restless. I cannot stay still for long.	◯	◯	◯
I am constantly fidgeting or squirming.	◯	◯	◯
I am easily distracted. I find it difficult to concentrate.	◯	◯	◯
I think before I do things.	◯	◯	◯
I finish the work I'm doing. My attention is good.	◯	◯	◯
I am usually on my own. I generally play alone or keep to myself.	◯	◯	◯
I have at least one good friend.	◯	◯	◯
Other children or young people pick on me or bully me.	◯	◯	◯
I get on better with adults than with people my own age.	◯	◯	◯

	0 Not true	1 Somewhat true	2 Certainly true
Other children or young people generally like me.	◯	◯	◯
I try to be nice to other people. I care about their feelings.	◯	◯	◯
I usually share with others (food, games, pens etc.).	◯	◯	◯
I am helpful if someone is hurt, upset or feeling ill.	◯	◯	◯
I am kind to younger children.	◯	◯	◯
I often volunteer to help others (parents, teachers, children).	◯	◯	◯

SDQ, impact

A few follow-up questions about whether these difficulties affect daily life.

Do you think your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get along with other people?

If you answer No, you can skip the rest of this set.

- ◯ No
- ◯ Yes — minor difficulties
- ◯ Yes — definite difficulties
- ◯ Yes — severe difficulties

How long have these difficulties been present?

	0 Not at all	1 A little	2 Quite a lot	3 A great deal
Do the difficulties upset or distress your child?	○	○	○	○
Do the difficulties interfere with your child's home life?	○	○	○	○
Do the difficulties interfere with your child's friendships?	○	○	○	○
Do the difficulties interfere with your child's classroom learning?	○	○	○	○
Do the difficulties interfere with your child's leisure activities?	○	○	○	○
Do the difficulties make things harder for the family as a whole?	○	○	○	○

What are your child's best qualities?

	0 Not at all	1 A little	2 Quite a lot	3 A great deal
Overall, do the difficulties put a burden on you or the family?	○	○	○	○

If yes, in what ways?

« Return to the optional-section guide

Vanderbilt ADHD Parent Rating Scale

Complete this section only if you marked Yes in the guide; otherwise skip the whole section. Forty-seven statements about attention, activity, behaviour, and mood. For each one, tick how often it describes your child's behaviour over the past six months: 0 Never, 1 Occasionally, 2 Often, 3 Very often. Each rating should be considered in the context of what is appropriate for your child's age.

If you are completing this set, please answer every applicable item in it, because each item forms part of the result. If you are unsure between two responses, choose the response that best reflects your child's usual experience during the stated timeframe.

	0 Never	1 Occa-sionally	2 Often	3 Very often
Fails to give close attention to details or makes careless mistakes in schoolwork.	◯	◯	◯	◯
Has difficulty sustaining attention in tasks or play activities.	◯	◯	◯	◯
Does not seem to listen when spoken to directly.	◯	◯	◯	◯
Does not follow through on instructions; fails to finish schoolwork or chores.	◯	◯	◯	◯
Has difficulty organising tasks and activities.	◯	◯	◯	◯
Avoids or dislikes tasks requiring sustained mental effort.	◯	◯	◯	◯

	0 Never	1 Occa-sionally	2 Often	3 Very often
Loses things necessary for tasks or activities.	◯	◯	◯	◯
Is easily distracted by extraneous stimuli.	◯	◯	◯	◯
Is forgetful in daily activities.	◯	◯	◯	◯
Fidgets with hands or feet or squirms in seat.	◯	◯	◯	◯
Leaves seat when remaining seated is expected.	◯	◯	◯	◯
Runs about or climbs excessively in inappropriate situations.	◯	◯	◯	◯
Has difficulty playing or engaging quietly in leisure activities.	◯	◯	◯	◯
Is ′on the go′ or often acts as if ′driven by a motor.′	◯	◯	◯	◯
Talks excessively.	◯	◯	◯	◯
Blurts out answers before questions have been completed.	◯	◯	◯	◯
Has difficulty awaiting turn.	◯	◯	◯	◯
Interrupts or intrudes on others.	◯	◯	◯	◯
Loses temper.	◯	◯	◯	◯

	0 Never	1 Occa-sionally	2 Often	3 Very often
Argues with adults.	◯	◯	◯	◯
Actively defies or refuses to comply with adults' requests or rules.	◯	◯	◯	◯
Deliberately annoys people.	◯	◯	◯	◯
Blames others for mistakes or misbehaviour.	◯	◯	◯	◯
Is touchy or easily annoyed by others.	◯	◯	◯	◯
Is angry and resentful.	◯	◯	◯	◯
Is spiteful or vindictive.	◯	◯	◯	◯
Bullies, threatens or intimidates others.	◯	◯	◯	◯
Initiates physical fights.	◯	◯	◯	◯
Has used a weapon that can cause serious harm.	◯	◯	◯	◯
Has been physically cruel to people.	◯	◯	◯	◯
Has been physically cruel to animals.	◯	◯	◯	◯
Has stolen while confronting a victim.	◯	◯	◯	◯

	0 Never	1 Occa-sionally	2 Often	3 Very often
Has forced someone into sexual activity.	○	○	○	○
Has deliberately engaged in fire-setting.	○	○	○	○
Has deliberately destroyed others' property.	○	○	○	○
Has broken into someone else's house, building or car.	○	○	○	○
Often lies to obtain goods/favours or to avoid obligations.	○	○	○	○
Has stolen items of non-trivial value without confronting a victim.	○	○	○	○
Often stays out at night despite parental prohibitions.	○	○	○	○
Has run away from home overnight.	○	○	○	○
Is fearful, anxious or worried.	○	○	○	○
Is afraid to try new things.	○	○	○	○
Feels worthless or inferior.	○	○	○	○
Appears sad or unhappy.	○	○	○	○

	0 Never	1 Occa-sionally	2 Often	3 Very often
Is self-conscious or easily embarrassed.	◯	◯	◯	◯
Has few interests; would rather be alone.	◯	◯	◯	◯
Complains of loneliness; is easily hurt by criticism.	◯	◯	◯	◯

Vanderbilt, performance

Finally, rate your child's performance at school and in relationships, from 1 Excellent to 5 Problematic.

If you are completing this set, please answer every applicable item in it, because each item forms part of the result. If you are unsure between two responses, choose the response that best reflects your child's usual experience during the stated timeframe.

	1 Excellent	2 Above average	3 Average	4 Somewhat problematic	5 Proble-matic
Overall school performance	◯	◯	◯	◯	◯
Reading	◯	◯	◯	◯	◯
Writing	◯	◯	◯	◯	◯
Mathematics	◯	◯	◯	◯	◯
Relationship with parents	◯	◯	◯	◯	◯
Relationship with siblings	◯	◯	◯	◯	◯

	1 Excellent	2 Above average	3 Average	4 Somewhat problematic	5 Proble-matic
Relationship with peers	○	○	○	○	○

« Return to the optional-section guide

WFIRS-P, Weiss Functional Impairment Rating Scale

Complete this section only if you marked Yes in the guide; otherwise skip the whole section. This set asks how your child's emotional or behavioural difficulties have affected everyday functioning over the last month, across family, school, life skills, self-concept, social activities, and safety. For each item, tick how often it has been a problem: 0 Never, 1 Sometimes, 2 Often, 3 Very often.

If you are completing this set, please answer every applicable item in it, because each item forms part of the result. If you are unsure between two responses, choose the response that best reflects your child's usual experience during the stated timeframe.

Family

	0 Never	1 Some-times	2 Often	3 Very often
Problems with child completing chores	○	○	○	○
Problems with child arguing with adults	○	○	○	○
Problems getting child to do what they are asked	○	○	○	○
Child depends on adults too much	○	○	○	○
Child interferes with family activities	○	○	○	○
Child's behaviour causes family conflict	○	○	○	○
Child's behaviour places a burden on the family	○	○	○	○

School and learning

	0 Never	1 Some-times	2 Often	3 Very often
Problems completing homework	○	○	○	○
Problems handing in homework	○	○	○	○
Problems paying attention in class	○	○	○	○
Problems behaving appropriately in class	○	○	○	○
Teacher complaints about behaviour	○	○	○	○
Performance is below what you think they are capable of	○	○	○	○
Problems getting to school on time	○	○	○	○
Problems with absences	○	○	○	○
Problems with school suspension or detention	○	○	○	○

Life skills

	0 Never	1 Some-times	2 Often	3 Very often
Problems doing things without supervision	○	○	○	○
Problems taking care of personal hygiene	○	○	○	○

	0 Never	1 Some-times	2 Often	3 Very often
Problems dressing appropriately	◯	◯	◯	◯
Problems getting ready for school on time	◯	◯	◯	◯
Problems taking care of belongings	◯	◯	◯	◯
Problems managing time	◯	◯	◯	◯
Problems with sleep routines	◯	◯	◯	◯
Problems learning to cook, clean or do laundry	◯	◯	◯	◯

Your child's self-concept

	0 Never	1 Some-times	2 Often	3 Very often
Child feels bad about themselves	◯	◯	◯	◯
Child feels incompetent	◯	◯	◯	◯
Child thinks they are not doing well	◯	◯	◯	◯
Child feels not as good as other children	◯	◯	◯	◯

Social activities

	0 Never	1 Some-times	2 Often	3 Very often
Problems making friends	○	○	○	○
Problems keeping friends	○	○	○	○
Problems playing cooperatively	○	○	○	○
Problems being bullied	○	○	○	○
Problems respecting personal space	○	○	○	○
Problems fitting in socially	○	○	○	○

Risky activities

	0 Never	1 Some-times	2 Often	3 Very often
Child does things that are dangerous	○	○	○	○
Child is accident-prone	○	○	○	○
Child engages in risky behaviour	○	○	○	○
Child is drawn to dangerous people or situations	○	○	○	○
Child has threatened to hurt themselves	○	○	○	○

	0 Never	1 Some-times	2 Often	3 Very often
Child has threatened to hurt others	○	○	○	○

« Return to the optional-section guide

Participation compared with same-age peers

Complete this section only if you marked Yes in the guide; otherwise skip it. Compared with other children of the same age, how much does your child take part in each of the following? Tick the option that best describes their participation.

Complete this section when it reflects an important part of your child's daily functioning. Otherwise, you may skip it.

	0 Unable to participate	1 Very limited	2 Somewhat limited	3 Age-expected
Family meals	○	○	○	○
Family chores or routines	○	○	○	○
Household decision-making	○	○	○	○
Play with siblings	○	○	○	○
Family outings	○	○	○	○
Community events	○	○	○	○
Organised activities (sports, clubs)	○	○	○	○
Free-time community activities	○	○	○	○
School classroom activities	○	○	○	○
School social activities	○	○	○	○
School outings	○	○	○	○

	0 Unable to participate	1 Very limited	2 Somewhat limited	3 Age-expected
School clubs	◯	◯	◯	◯
Homework routines	◯	◯	◯	◯
Peer play	◯	◯	◯	◯
Peer social events	◯	◯	◯	◯
Online or digital activities with peers	◯	◯	◯	◯
Recreational activities	◯	◯	◯	◯
Religious or cultural activities	◯	◯	◯	◯
Neighbourhood activities	◯	◯	◯	◯
Age-appropriate independence activities (shops, public spaces)	◯	◯	◯	◯

« Return to the optional-section guide

SDSC, Sleep Disturbance Scale for Children

Complete this section only if you marked Yes in the guide; otherwise skip the whole section. Twenty-six questions about your child's sleep over the last six months. Consider how things have usually been, rather than one unusual week. For each item, tick how often it happens: 1 Never, 2 Occasionally (once or twice per month), 3 Sometimes (once or twice per week), 4 Often (three to five times per week), 5 Always (daily).

If you are completing this set, please answer every applicable item in it, because each item forms part of the result. If you are unsure between two responses, choose the response that best reflects your child's usual experience during the stated timeframe.

	1 Never	2 Occasionally (1–2 / month)	3 Sometimes (1–2 / week)	4 Often (3–5 / week)	5 Always (daily)
The child has difficulty getting to sleep at night.	◯	◯	◯	◯	◯
The child's sleep is restless.	◯	◯	◯	◯	◯
The child sleeps too little.	◯	◯	◯	◯	◯
The child wakes up more than twice per night.	◯	◯	◯	◯	◯
The child wakes up once per night.	◯	◯	◯	◯	◯
The child wakes up early in the morning and cannot go back to sleep.	◯	◯	◯	◯	◯
The child has difficulty waking up in the morning.	◯	◯	◯	◯	◯

	1 Never	2 Occasionally (1–2 / month)	3 Sometimes (1–2 / week)	4 Often (3–5 / week)	5 Always (daily)
The child is sleepy during the day.	○	○	○	○	○
The child falls asleep in class or during activities.	○	○	○	○	○
The child falls asleep watching television.	○	○	○	○	○
The child seems very tired during the day.	○	○	○	○	○
The child has nightmares.	○	○	○	○	○
The child wakes up suddenly from sleep, appearing frightened (night terrors).	○	○	○	○	○
The child wakes up screaming, inconsolable.	○	○	○	○	○
The child grinds their teeth during sleep (bruxism).	○	○	○	○	○
The child wets the bed during sleep (enuresis).	○	○	○	○	○
The child talks in their sleep.	○	○	○	○	○
The child sleepwalks.	○	○	○	○	○
The child snores.	○	○	○	○	○
The child has difficulty breathing during sleep.	○	○	○	○	○

	1 Never	2 Occasionally (1–2 / month)	3 Sometimes (1–2 / week)	4 Often (3–5 / week)	5 Always (daily)
The child stops breathing for short periods during sleep (apnoea).	○	○	○	○	○
The child sweats excessively during sleep.	○	○	○	○	○
The child is unusually cold during sleep.	○	○	○	○	○
The child is unusually hot during sleep.	○	○	○	○	○
The child wakes up with leg pains.	○	○	○	○	○
The child experiences sudden jerks or movements while falling asleep or during sleep.	○	○	○	○	○

« Return to the optional-section guide

Sensory, regulation and school checklist

Complete this section only if you marked Yes in the guide; otherwise skip it. A Seeds checklist of sensory, attention, regulation, social, and school observations, interpreted descriptively. Tick how often, or how much, each statement describes your child.

Complete this section when it reflects an important part of your child's daily functioning. Otherwise, you may skip it.

Sensory

	0 Never	1 Some-times	2 Often	3 Always
My child is very sensitive to noise (for example, covers ears, avoids loud places).	○	○	○	○
My child avoids certain clothing or textures (for example, seams, tags, certain fabrics).	○	○	○	○
My child dislikes grooming (for example, hair brushing, nail cutting, tooth brushing).	○	○	○	○
My child seeks a lot of movement (for example, running, jumping, spinning).	○	○	○	○
My child becomes overwhelmed or distressed in busy or crowded places.	○	○	○	○

Attention and organisation

	0 Never	1 Some-times	2 Often	3 Always
My child has difficulty starting tasks without a lot of prompting.	○	○	○	○

	0 Never	1 Some-times	2 Often	3 Always
My child is easily distracted and has trouble staying focused on tasks.	○	○	○	○
My child loses or misplaces important items (for example, school things, toys, clothing).	○	○	○	○

Emotional regulation

	0 Never	1 Some-times	2 Often	3 Always
My child has difficulty managing strong emotions without adult help.	○	○	○	○
My child becomes very upset with small changes to plans or routines.	○	○	○	○
When my child is upset, it takes a long time for them to calm down.	○	○	○	○
My child gets frustrated easily and may shout, cry, or withdraw.	○	○	○	○

Social communication

	0 Not at all	1 A little	2 Quite a bit	3 A lot
My child finds it hard to take turns in conversation.	○	○	○	○

	0 Not at all	1 A little	2 Quite a bit	3 A lot
My child often takes things very literally and may miss jokes or sarcasm.	○	○	○	○
My child finds it hard to understand what others are thinking or feeling.	○	○	○	○

School function

	0 Never	1 Some-times	2 Often	3 Always
My child finds it hard to follow multi-step instructions at school.	○	○	○	○
My child needs extra time or support to complete schoolwork.	○	○	○	○
My child gets in trouble at school because of attention, behaviour, or social difficulties.	○	○	○	○

« Return to the optional-section guide

Zarit Burden Interview, Short Form (ZBI-12)

Complete this section only if you marked Yes in the guide; otherwise skip it. Twelve questions about your own experience as a parent or carer, answered from your own perspective. It is a recognised measure of carer strain, and honest answers help us understand the caring context. For each question, tick how often you feel that way: 0 Never, 1 Rarely, 2 Sometimes, 3 Quite often, 4 Nearly always.

If you are completing this set, please answer every item in it, because each item forms part of the result. If you are unsure between two responses, choose the response that best reflects your own usual experience during the stated timeframe.

	0 Never	1 Rarely	2 Some-times	3 Quite often	4 Nearly always
Do you feel that your child asks for more help than they need?	○	○	○	○	○
Do you feel that because of the time you spend with your child, you don't have enough time for yourself?	○	○	○	○	○
Do you feel stressed between caring for your child and trying to meet other responsibilities?	○	○	○	○	○
Do you feel embarrassed over your child's behaviour?	○	○	○	○	○
Do you feel angry when you are around your child?	○	○	○	○	○
Do you feel that your child currently affects your relationship with family members or friends in a negative way?	○	○	○	○	○

	0 Never	1 Rarely	2 Some-times	3 Quite often	4 Nearly always
Are you afraid of what the future holds for your child?	○	○	○	○	○
Do you feel your child is dependent on you?	○	○	○	○	○
Do you feel strained when you are around your child?	○	○	○	○	○
Do you feel your health has suffered because of your involvement with your child?	○	○	○	○	○
Do you feel that you don't have as much privacy as you would like because of your child?	○	○	○	○	○
Do you feel that your social life has suffered because you are caring for your child?	○	○	○	○	○

« Return to the optional-section guide

Home safety and falls screen

Complete this section only if you marked Yes in the guide; otherwise skip it. A quick screen of hazards around your home that can matter for a child who falls, bolts, or moves impulsively. In each area, tick anything that applies to your home. If nothing in an area applies, leave it blank.

Complete this section when it reflects an important part of your child's daily functioning. Otherwise, you may skip it.

Bathroom — tick any that apply

- ☐ Bathroom floor can be slippery when wet
- ☐ No grab rail near the shower or bath
- ☐ No non-slip mat in the shower or bath
- ☐ Child has difficulty stepping in/out of the shower or bath

Floors and pathways — tick any that apply

- ☐ Loose mats or rugs
- ☐ Clutter on the floor (toys, cords, etc.)
- ☐ Uneven surfaces between rooms
- ☐ Narrow or cramped walkways

Stairs/steps — tick any that apply

- ☐ Poor lighting on steps
- ☐ No handrail on the stairs or steps
- ☐ Steps are steep, uneven or in poor repair

Outdoors — tick any that apply

- ☐ Uneven paths or surfaces outside
- ☐ No rail or support near outside steps

How safety shapes an ordinary day at home

Doors, gates, locks, the stove, the bathroom. What the household does all day, almost without noticing, to keep things safe.

What supervision looks like across a day

Who is watching, when, from how close. The moments you can step away, and the ones you can't.

Anything else about home safety or falls that you would like us to know?

« Return to the optional-section guide

SECTION 3.2

Final questions

QUESTIONS YOUR ANSWERS

Are there particular places or situations in the community that your child finds very hard?

Is there anything important about your child that we have not asked about in this form?

What supports or changes would make the biggest positive difference to everyday life for your child and family?

WHAT HAPPENS NEXT

What happens next

Once you have finished, here is what to do and what happens on our side.

ONCE YOU HAVE FINISHED

1 Finish the form
Work through it at your own pace and save it to your own computer as you go.

2 Gather any reports
School letters, therapy reports, or medical letters that help tell your child's story, up to ten files, ready to send together.

3 Upload it all at once
Upload the form and your documents together using the link we sent you. Sending everything in one go is what lets us begin.

4 We take it from here
Your assessing therapist reads everything personally, and then your child's assessment goes ahead.

Thank you for trusting me *with your child's story.*

Questions before you start? nisha@seedsoccupationaltherapy.com.au · 03 7056 9242 · West Footscray, Melbourne

Nisha Bal Principal Occupational Therapist