

The Short Child Occupational Profile Parent Report Form

Child's Name _____ Please Return By _____

Please read each statement below. Then, decide if this activity is a **challenge** (something that is difficult for your child) or a **strength** (something your child does well).

Activity	This is a challenge	This is a strength	Examples/Comments:
Touching, looking at, playing with, or trying new things.			
Showing enjoyment or happiness when playing or doing something he/she likes (for example, clapping when finished, smiling).			
Knowing what he/she likes; choosing a favorite toy, person, or activity.			
Continuing an activity even when it becomes difficult.			
Taking care of his/herself (for example, getting dressed, washing his/her body, eating).			
Stopping one activity and beginning another when asked.			
Understanding and following routines (for example, getting ready in the morning, dinnertime routines, beginning the school day, bedtime routines).			
Doing things that are part of being a family member, friend, or student (for example, doing chores at home, playing with a friend, or doing homework).			
Using facial expressions and gestures to indicate wants, needs, and moods.			
Using his/her voice or words to indicate wants and needs.			
Talking with friends, family, and others to share thoughts or ideas (for example, telling parents about the school day, telling a friend a story).			
Interacting with others in an appropriate way (for example, listening, cooperating, taking turns).			
Choosing and using objects appropriately (for example, choosing a pencil to write, using a spoon/fork to eat, putting gloves on hands).			
Noticing and responding to things around him/her (for example, answering a vibrating cell phone, stopping at a stop sign, leaving the building when hearing a fire alarm).			