

# Schools Therapy Resource Pack

Section 3 –  
Identifying  
functional difficulties

### Identifying Functional Difficulties - PRELIMINARY and REVIEW CHECKLIST

You may wish to complete this checklist in conjunction with parents. For a younger child, it may also be useful to draw on information from the Foundation Stage Profile.

Review a child's progress once interventions have been tried. If difficulties do not appear to be resolving, this checklist can be used as evidence when referring a child to the Children's Therapy Service.

**NOTE: when answering each question, consider the child's abilities in relation to same age peers - to be considered a difficulty, performance needs to be significantly different.**

#### Gross Motor Skills

	Assessment Date	Review Date
The child:-	Y / N	Y / N
• Appears as strong as peers and has good endurance		
• Demonstrates good posture when sitting or standing		
• Can stand on one leg in a stable position		
• Can hop in a controlled manner on either foot		
• Can jump across / over obstacles that might be found in the play environment		
• Can use fixed playground / gym apparatus		

If child has difficulties with the above skills, s/he may have poor core stability, balance, body awareness or coordination or may have visual difficulties.

**PLAN:**

Work through first gross motor programme Achieving Body Control (ABC)- Section 4a, or BEAM programme  
Check Vision

#### **Bilateral Co-ordination**

	Assessment Date	Review Date
The child:-	Y / N	Y / N
• Can follow a movement sequence e.g. keep time to a musical beat by clapping hands or tapping feet		
• Can throw a ball / beanbag into a container		
• Can catch a ball using two hands		
• Can catch a small ball using one hand		
• Can hit / strike a moving ball using a bat, racquet or stick		
• Can continually bounce a football sized ball while standing still		
• Can kick a ball rolling towards him/her		

### Section 3: Identifying Functional Difficulties

If child has difficulties, s/he may still have immature balance or poor motor planning/coordination or may have visual difficulties.

PLAN: Work through second gross motor programme Clever Bodies (balance, motor planning and coordination, and ball skills)- Section 4

Check vision

#### **Fine Motor Skills**

	Assessment Date	Review Date
The child can:-	Y / N	Y / N
• Pick up small objects using blocks, beads, puzzle pieces		
• Use blocks, beads, puzzle pieces to complete an activity		
• Turn pages of a book singly		
• Hand out sheets from a stack of paper		
• Hold tools using appropriate tension and grasp (scissors / pencil)		
• Cut / draw / trace with precision and accuracy		
• Do up buttons and zips		

If the child has difficulties, s/he may have weak grasp, poor hand/eye coordination or manipulative skills.

PLAN:

Carry out Fine Motor Programme and/or 'Clever Hands' programme - Section 4b

#### **Sensory Differences**

	Assessment Date	Review Date
The child appears to:-	Y / N	Y / N
• Withdraw from touch		
• Prefer only certain types of clothing		
• Need to touch everything		
• Chew on clothing or objects		
• Avoid being too close to others		
• Avoid playground equipment or some apparatus (fearful of being off the ground)		
• Be constantly moving		
• Be sensitive to noise		

The child may have difficulties with registering and reacting to sensations in an appropriate way.

PLAN: review information in Section 6, Sensory Challenges

**Perceptual Skills**

	Assessment Date	Review Date
<b><i>Body and Spatial Awareness</i></b>		
The child can:-	Y / N	Y / N
• Recognise own body parts and point to them		
• Differentiate between left and right		
• Demonstrate understanding of directional commands by moving forwards / backwards, over / under, in / out		
• Walk / run in the environment without bumping into objects / people		

The child may have difficulties with body awareness and understanding how they move in their environment and carry out instructions.

PLAN:

Carry out Clever Bodies programme, Section 4a

Review understanding of language and following instructions.

	Assessment Date	Review Date
<b><i>Visual Perception</i></b>		
The child can:-	Y / N	Y / N
• Discriminate shapes, letters and numbers		
• Copy basic shapes, letters and numbers		
• Organise shapes, letters and numbers on a page		
• Copy accurately from a distance or nearby source		

The child may have difficulties with understanding what they see.

PLAN:

Carry out suggestions in Section 6 - Visual Perceptual Function

**Attention, Listening and Organisation**

	Assessment Date	Review Date
The child appears to:-	Y / N	Y / N
• Lack energy		
• Have difficulty paying attention or staying on task		
• Be unable to remain seated		
• Have difficulty following instructions		
• Have difficulty organising self for activities		
• Have difficulty completing activities on time		
• Copy others rather than following instructions		
• Be easily distracted		

The child may have difficulties with attention, concentration and/or organisation.

PLAN:

Carry out suggestions in Section 6 Attention, Listening and Organisation,

Review information in Sensory Challenges  
 Check understanding of language and instructions

**Sequencing**

	Assessment Date	Review Date
	Y / N	Y / N
Does the child have poor organisational skills?		
Does the child have difficulty remembering the order of familiar activities?		
Does the child have difficulty remembering how to approach an activity?		
Does the child have difficulty remembering time concepts e.g. days of the week, when their birthday is, yesterday, today, tomorrow, etc?		

**PLAN:**

If the child has difficulties carry out suggestions in Section 6 “Attention, Listening and Organisation”

**Auditory Memory & Processing**

	Assessment Date	Review Date
	Y / N	Y / N
Does the child find it difficult to remember what they have heard e.g. cars, stories and discussions?		
Does the child have difficulty following instructions?		
Does the child have difficulty remembering/doing things in the right order?		
Does the child lose concentration when listening?		
Does the child find it difficult to remember what has been taught previously?		

**PLAN:**

Carry out suggestions in Section 6 “Attention, Listening and Organisation”

**Understanding Spoken Language**

	Assessment Date	Review Date
	Y / N	Y / N
Does the child look blank when spoken to?		
Does the child not realise instructions include them when they are given to a whole group?		
Does the child have difficulty answering questions e.g. repeats parts of questions or gives an answer which doesn’t match what they have been asked?		
Is the child hesitant to start a task after an instruction has been given?		

**PLAN:**

If the child has difficulties carry out suggestions in Section 5 “Comprehension”

Check hearing

**Spoken Language & Vocabulary**

	Assessment Date	Review Date
	Y / N	Y / N
Does the child only use a few words joined together?		
Does the child use simplistic or immature sounding sentences e.g. leaves out words?		
Does the child use words in the wrong order?		
Does the child use empty speech with lots of non-specific vocabulary e.g. ‘it’, ‘thing’, ‘there’, ‘makes’		
Does the child have problems reporting events or retelling stories		

**PLAN:**

If the child has difficulties carry out suggestions in Section 5 “Expressive Language & Vocabulary”

**Concepts**

	Assessment Date	Review Date
	Y / N	Y / N
Does the child use concept words incorrectly e.g. ‘up’ for on or ‘in’ for all word positions?		
Does the child have difficulty using adjectives (‘wow words’) to describe things?		
Does the child understand first/last/in front/behind/when lining up to leave or enter the classroom?		

**PLAN:**

If the child has difficulties carry out suggestions in Section 5 “Concepts”

**Word Finding**

	Assessment Date	Review Date
	Y / N	Y / N
Does the child have difficulty remembering or finding the word they want to say?		
Does the child know and understand a word, but find it hard to use it?		
Does the child use an incorrect word that may be, in some way, linked to the word they wish to say e.g. ‘cat’ for ‘dog’ or ‘arm’ for ‘wing’ or ‘hap’ for ‘cap’?		
Does the child describe a word instead of using it e.g. ‘bouncing thing’ for ball?		

**PLAN:**

If the child has difficulties carry out suggestions in Section 5 “Word Finding”

**Sound Awareness**

	Assessment Date	Review Date
	Y / N	Y / N
Does the child have difficulty pronouncing words clearly?		
Is the child struggling with phonics, literacy or spelling?		

**PLAN:** If the child has difficulties carry out suggestions in Section 5 “Phonological Awareness”

**NB**

If child is difficult to understand also refer to the section on “Speech Sounds”. If no or little progress discuss with your link therapist

**Social Communication**

	Assessment Date	Review Date
	Y / N	Y / N
Does the child find it difficult to use appropriate eye contact?		
Does the child find it difficult to take turns in conversations or group discussions?		
Does the child talk too quickly/slowly/loudly/quietly for the situation?		
Does the child find it hard to interpret gestures, facial expressions and tone of voices?		
Does the child find it difficult to approach other children to talk to or play with?		
Does the child have favourite topics or interests which they try to include in all interactions?		

If the child has been diagnosed with an Autism spectrum condition we would expect them to have difficulties in these areas however the suggestions are still valid and appropriate.

**PLAN:** If the child has difficulties carry out suggestions in Section 5 “Social Communication”.

**Stammering**

	Assessment Date	Review Date
	Y / N	Y / N
Does the child repeat whole or parts of words e.g. when, when, when or c-c-coz?		
Does the child stretch sounds out e.g. s ____ unny?		

Does the child get completely stuck on a word and have trouble getting any sound out?		
Does this happen every day?		

**PLAN:** If this happens every day discuss with your link therapist and refer to the Children’s Therapy Service for Speech & Language Therapy advice.

If the child has difficulties carry out suggestions in Section 5 “Fluency”

**Voice**

	Assessment Date	Review Date
	Y / N	Y / N
Does the child have a hoarse/breathy/rough or croaky voice all the time?		
Does the child often lose their voice?		
Does the child have times when their voice “cuts out” for a second?		
Does the child speak in an effortful or strained way?		

**PLAN:** If the child has difficulties carry out suggestions in Section 5 “Voice”

Request parent to take child to see their GP as some causes of voice difficulties require medical intervention.

**Handwriting**

	Assessment Date	Review Date
The child:-	Y / N	Y / N
• Has problems holding a pen / pencil		
• Produces writing that appears very dark or very light		
• Presses heavily onto the writing surface		
• Has poor sitting posture		
• Writes slowly and with effort or rushes		
• Writing lack fluency and is illegible		

Handwriting difficulties can be due to fundamental strength and control difficulties, language and memory or fine motor control difficulties. The above difficulties suggest issues with fine motor control.

**PLAN:** Ensure Section 4 Clever Bodies programme has been completed then Clever Hands Carry out suggestions in Section 6 Handwriting



**Self Care**

	<b>Assessment Date</b>	<b>Review Date</b>
The child has difficulty managing independently with	<b>Y / N</b>	<b>Y / N</b>
▪ Eating/drinking		
▪ Washing hands		
▪ Dressing/undressing		
▪ Using the toilet		

Difficulties may be due to fundamental strength and control difficulties, or fine motor control difficulties.

PLAN: Ensure section 4a Achieving Body Control and Clever Bodies programme then section 4b Fine Motor Programme and Clever Hands has been completed as appropriate

Review suggestions in Section 6 Looking after myself and support parents to implement.

**Prioritise Intervention**

Some children will require suggestions from many areas of the pack. This can be overwhelming for both the child and the school staff. If you are concerned please discuss with your school link therapist or contact the service via the telephone advice line – 0300 300 2019 – for guidance.

To help prioritise support use the information in Section 2 – Developmental Information. Start with what the child can do and move on to the first part which the child finds challenging.

**General Advice for Intervention**

It is important that valuable intervention time is used to the best effect. Where strategies can be incorporated as whole class or school support it will improve the outcomes of all children. It can be more effective to carry out each activity well, concentrating on quality and achievement rather than trying to complete all activities in a programme in a specified time.

### **INTERVENTION RECORD FORM**

Use the form to record evidence of a child's response to intervention.

This helps track progress and where Children's Therapy is needed, contributes to evidence to support referral.

It will be useful to share this information with the therapist/s when the child is seen.

A sample form follows, together with a blank form (which can be photocopied).

**Note:** Achieving Body Control (Section 4a) incorporates 'Individual Progress Sheets' and these should be completed for each ABC Block.

**Sample Intervention Record Form**

**Name:** Toby Smith

**Date of birth:** 6 February 2003

**Date of assessment:** 9 July 2007

**Chronological age:** 4yrs 5 mths

**Year:** R

<b>List identified difficulties from Preliminary Checklist</b>			
Gross Motor			
Fine Motor			
<i>Dressing (putting on T-shirt, doing up buttons)</i>			
<b>List interventions used to address identified difficulties</b>			
Achieving Body Control (ABC)			
Clever Hands			
'Backward chaining' method for t-shirt			
Button practice (method from Self-care Section)			
<b>Date</b>	<b>Activity / Strategy</b>	<b>Performance</b>	<b>Sign</b>
11/7/07	Clever Hands Level 1 Playdough, pegs, tongs	Weak grasp, could barely squeeze pegs enough to open.	A Davis
18/7/07	As above	Can now place pegs on edge of box. Next: peg the pegs onto paper plate, pick up cotton wool balls with tongs	A Davis
11/7/07	For PE, Put one arm in T-shirt sleeve, (other arm and head already in t-shirt)	Toby struggled to locate the hole. With some prompting he successfully put his arm in.	A Davis
18/7/07	Putting one arm in t-shirt sleeve (as above)	Completed task without prompting. Next stage: put both arms through sleeves (head already in T-shirt).	A Davis

### Intervention Record Form

**Name:**

**Date of birth:**

**Date checklist completed:**

**Chronological age:**

**Year:**

**List identified difficulties from Preliminary Checklist**

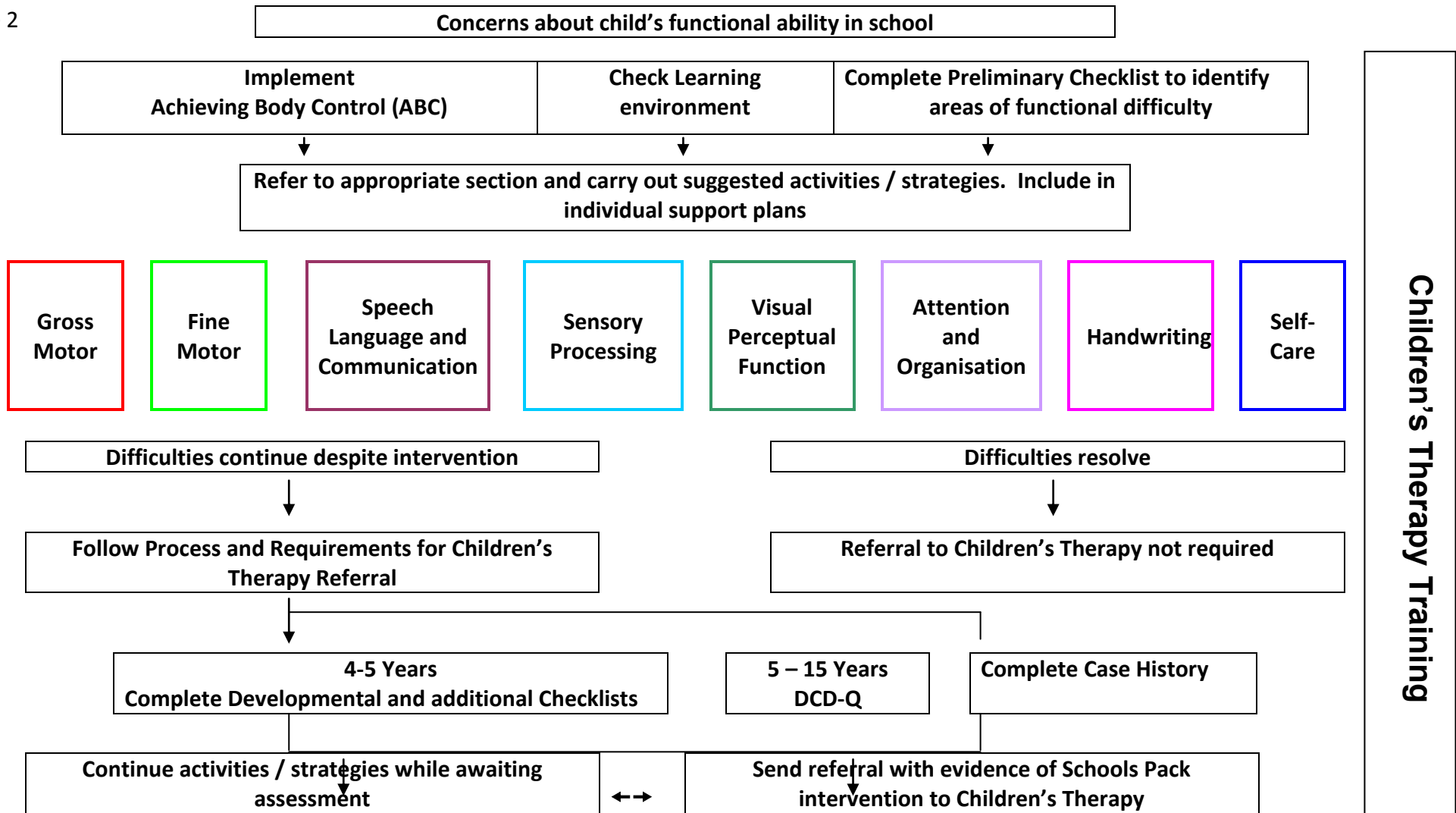
**List interventions to be used to address identified difficulties**

Date	Activity / Strategy	Performance	Signed

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<b>Date</b>	<b>Activity / Strategy</b>	<b>Performance</b>	<b>Signed</b>

Figure 2



Children's Therapy Training