



Prepared in the framework of the Erasmus+ Learning by moving project

## **INTERVIEW SHEET WITH THE CHILD'S PARENT/CARER**

*Supporting observation of the child's psychomotor functioning in the context of daily routines*

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This worksheet proposes a structure for an interview with the child's parent or carer, aimed at gathering information to support the observation of the child's psychomotor functioning in everyday situations.

The questions presented are examples and do not exhaust all possible threads relevant to diagnostic and therapeutic work. Professionals do not have to use all the questions in the interview - they should be modified, developed or adapted to the individual child, his/her family and the current situation.

Each professional should develop and adapt the content of the questions to:

- *the individual needs of the child,*
- *the family situation,*
- *the cultural context,*
- *the aims of the diagnosis or support being carried out.*

The purpose of the sheet is to facilitate the collection of consistent, practical and comparable information, while maintaining flexibility in the choice of content and form of the interview.



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**Child's name:**

**Age:**

**Date of interview:**

**Interviewer:**

**Relevant family information:**



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AREA	QUESTIONS TO PARENT/GUARDIAN	INTERVIEW NOTES	OBSERVER'S NOTES
<b>MORNING AND PREPARATION FOR GOING OUT</b>	<ul style="list-style-type: none"><li>• How does your child's morning usually go?</li><li>• Does he/she transition easily from sleep to activity?</li><li>• How does he/she manage getting dressed (blouse, trousers, socks, shoes)?</li><li>• Does he/she distinguish between right and left sides?</li><li>• Does he need reminding or help with subsequent activities (toileting, brushing teeth, combing)?</li><li>• Does he/she do the morning routine in a set order or needs prompting?</li></ul>		



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<b>MORNING AND PREPARATION FOR GOING OUT</b>	<ul style="list-style-type: none"><li>• How does he/she react when he/she needs to speed up or change the rhythm of the morning?</li><li>• Does he/she prepare and pack his/her own things (backpack, change of clothes)?</li></ul>		
<b>PHYSICAL ACTIVITY</b>	<ul style="list-style-type: none"><li>• Does the child enjoy physical activity?</li><li>• In which situations does he/she usually engage in spontaneous movement (e.g. play, sports, walking)?</li><li>• Does he/she run confidently, able to stop, change direction?</li><li>• Is he/she able to maintain a running pace for long periods?</li></ul>		



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<b>PHYSICAL ACTIVITY</b>	<ul style="list-style-type: none"><li>• Does he/she have difficulty with stairs? Does he/she use a handrail?</li><li>• Can he/she climb and descend alternately with his/her feet?</li><li>• Does he/she lose his/her balance easily (tripping, falling, leaning against walls)?</li><li>• Can he/she stand on one leg for several seconds?</li><li>• Does he/she have difficulty with movements that require coordination (jumping, jumping over obstacles, turning)?</li></ul>		
<b>PLAY</b>	<ul style="list-style-type: none"><li>• What kind of physical activities does he/she engage in during play (outdoor and indoor)?</li></ul>		



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<p><b>PLAY</b></p>	<ul style="list-style-type: none"><li>• Is he/she more likely to choose motor or construction/table games?</li><li>• Does he/she do alternate movements (marching, twirling, rolling)?</li><li>• Can he/she repeat sequences of movements shown by an adult or another child?</li><li>• Does he/she use both hands? Is there visible dominance of one hand?</li><li>• How does he/she cope with precision activities (drawing, stacking blocks, threading)?</li><li>• Can he/she hold a pencil/crayon in a way that facilitates control of movement?</li></ul>		
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<p><b>PLAY</b></p>	<ul style="list-style-type: none"><li>• Can he/she manipulate small objects (buttons, coins, beads) without difficulty?</li><li>• Can he/she adapt the strength of the grip to the type of object?</li><li>• How does he/she cope with games that require planning of movement (tower building, jigsaw puzzles)?</li></ul>		
<p><b>EATING AND SELF-SERVICE</b></p>	<ul style="list-style-type: none"><li>• Does the child eat independently?</li><li>• Does he/she use cutlery in an age-appropriate way?</li><li>• Can he/she cut soft foods (e.g. banana, egg) without help?</li><li>• How does he/she hold himself/herself at the table -</li></ul>		



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<b>EATING AND SELF-SERVICE</b>	<p>does he/she sit stably, in an appropriate position?</p> <ul style="list-style-type: none"><li>• Is he/she able to reach for food and drinks in a safe and coordinated way?</li><li>• Does he/she focus on eating throughout the meal, or is he/she easily distracted?</li><li>• Does he or she pour a drink or put food on his or her own, if possible?</li><li>• How does he/she handle opening containers, unwrapping products, using a napkin?</li><li>• Does he/she remember to wash his/her hands before and after a meal?</li></ul>		
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<b>EATING AND SELF-SERVICE</b>	<ul style="list-style-type: none"><li>• How does he/she react to new tastes, textures and temperatures of food?</li></ul>		
<b>CONCENTRATION AND PERSISTENCE</b>	<ul style="list-style-type: none"><li>• Can he/she focus on one activity? How long does he/she maintain attention?</li><li>• Does he/she need reminding or guidance to complete a task he/she has started?</li><li>• How does he/she respond to tasks that require more effort or longer working hours?</li><li>• Is he/she able to continue a task despite minor difficulties or setbacks?</li><li>• Does he/she show initiative in finding a solution when he/she encounters an obstacle?</li></ul>		



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<b>CONCENTRATION AND PERSISTENCE</b>	<ul style="list-style-type: none"><li>• What distracts him/her most often (noise, people, other stimuli)?</li><li>• Is he/she able to return to an interrupted activity after being distracted?</li><li>• Can he/she follow step-by-step instructions?</li><li>• Does he/she need breaks to maintain efficiency?</li><li>• How does he react to having to repeat the same activity (e.g. exercise, homework)?</li></ul>		
<b>LEISURE AND QUIET TIME</b>	<ul style="list-style-type: none"><li>• What does the child do most often when he/she gets home or in the evening?</li><li>• Does he/she prefer physical or quiet activities (e.g. reading, drawing, puzzles)?</li></ul>		



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<b>LEISURE AND QUIET TIME</b>	<ul style="list-style-type: none"><li>• Is he/she able to organise his/her own leisure time?</li><li>• Does he/she enjoy engaging in games or activities with others, or does he/she prefer to play alone?</li><li>• Does he/she switch easily from stimulating activities to quieter forms of leisure?</li><li>• How is the calming process before bedtime?</li><li>• Does he or she require adult assistance to calm down (e.g. talking, reading, cuddling)?</li><li>• Is he able to use simple relaxation strategies (e.g. breathing, listening to music, cuddling a favourite toy)?</li></ul>		
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<b>LEISURE AND QUIET TIME</b>	<ul style="list-style-type: none"><li>• How does he react to a change in evening routine (e.g. going to bed later, missing a favourite activity)?</li><li>• Does he fall asleep easily, or is the process prolonged or interrupted by agitation?</li></ul>		
<b>OBSERVATIONS BY THE PARENT/GUARDIAN</b>	<ul style="list-style-type: none"><li>• Do you notice difficulties in your child's daily functioning in terms of:<ul style="list-style-type: none"><li>• movement (gross and fine motor skills),</li><li>• attention span,</li><li>• independence,</li><li>• regulating emotions?</li></ul></li><li>• Are there behaviours that particularly catch your attention (e.g. unusual movements, reactions to stimuli, way of communicating)?</li></ul>		



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<b>OBSERVATIONS BY THE PARENT/GUARDIAN</b>	<ul style="list-style-type: none"><li>• Do you notice situations in which the child functions better or worse than usual?</li><li>• Are there any signs that worry you or that require a longer-term observation?</li><li>• What strengths of the child would you like to highlight in particular?</li></ul>		
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Signature of parent/carer.....

Date: .....