

10 Questions to Assess Your Child's Occupational Therapy Needs



Does your child or patient...

- Eat 10 or fewer foods?**
- Avoid OR overly seek movement, such as swinging, spinning, sliding, or jumping?**
- Dislike noisy places or is easily distracted by background sounds?**
- Avoid messy play or getting hands dirty?**
- Seem uninterested in food or eating from utensils?**
- Refuse foods with certain textures OR gag on food placed in their mouth?**
- Have difficulty latching, if breastfeeding, or drinking from a bottle?**
- Require frequent movement breaks OR often wiggle in their seat?**
- Have coordination difficulties (appear clumsy or awkward in movements)?**
- Have difficulty calming self when upset?**

MICHIGAN
Pediatric
Therapy 
A Path Forward

If you answered YES to any of these questions...

an occupational therapy referral may be warranted. Talk to your child's pediatrician about your concerns and then reach out to us to schedule a **FREE** in-person and/or phone consultation—we're here to help!

Contact us today to schedule an evaluation.

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