

**Fun Fit Programme
Parent Questionnaire – Start of programme**

1. What is your child's name? _____

2. How old is your child? _____

3. Have you noticed your child having trouble with any of the following?
(please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Throwing, catching, kicking | <input type="checkbox"/> P.E. |
| <input type="checkbox"/> Balancing | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Handwriting | <input type="checkbox"/> Building things |
| <input type="checkbox"/> Using cutlery | <input type="checkbox"/> Using Scissors |
| <input type="checkbox"/> Using a computer | <input type="checkbox"/> Concentrating |

4. Do you think your child's physical co-ordination affects their confidence?

- Yes No Sometimes

Please Comment

5. Do you think your child's physical co-ordination affects their ability to learn?

- Yes No

Anything else you would like to tell us.

Thank you!