The Sensory Form

Expert Occupational Therapist Survey

Background I	nformation:			
Qualification le	vel: (please circ	le)		
Diploma	Bachelors	Masters	Doctorate	Other, please specify:
Country of Qua	lification:			
Years of Practic	e Experience as	s an occupation	al therapist (OT):	
Years of Practic	e Experience w	orking with chi	ldren:	
Undergraduate	training in sens	sory processing	(if none, leave bla	ank):

Post qualification training in sensory processing (if none, leave blank):

Current work context: _____

<u>Please rate the following statements in terms of whether you agree or</u> <u>disagree:</u>

1. I would use The Sensory Form in my OT practice with children.

Strongly	disagree	Neither agree nor	agree	Strongly
disagree		disagree		agree

2. I think The Sensory Form is a good tool for OTs to use for assessment of sensory processing.

Strongly	disagree	Neither agree nor	agree	Strongly
disagree		disagree		agree

3. I think the Sensory Form is a good tool for OTs to use for determining appropriate intervention for sensory processing difficulties.

Strongly	disagree	Neither agree nor	agree	Strongly
disagree		disagree		agree

4. The Sensory Form would be more suitable for therapists with less than 3 years of experience working with children.

Strongly	disagree	Neither agree nor	agree	Strongly
disagree		disagree		agree

5. The Sensory Form would be more suitable for more experienced therapists (more than 4-years experience working with children)

Strongly	disagree	Neither agree nor	agree	Strongly
disagree		disagree		agree

6. The Sensory Form would be suitable for other Allied Health Professionals to use, for example, speech pathology, psychology if provided with training.

Strongly	disagree	Neither agree nor	agree	Strongly
disagree		disagree		agree

7. The Sensory Form would be suitable for non-health professionals to use, for example, school teachers if provided with training.

Strongly	disagree	Neither agree nor	agree	Strongly
disagree		disagree		agree

8. The Sensory Form would be suitable for parents to use if provided with training.

Strongly	disagree	Neither agree nor	agree	Strongly
disagree		disagree		agree

9. What are the strengths of The Sensory Form? (if none, leave blank):

10. What are the weaknesses of The Sensory Form? (if none, leave blank):

11. What changes would you make to The Sensory Form?:

12. Additional Comments: