

**Service Assessment Tool for Parents**  
**Project FORCES Empowering families without overburdening them**

Completed by (name of parent): \_\_\_\_\_ Date: \_\_\_\_\_

**Thinking about your recent experience in occupational therapy, select the answers that best suit your situation on a scale of 1 to 4, where 1 represents "not at all" and 4 represents "a lot":**

To what extent do you feel that...	1 Not at all	2 A little	3 Moderately	4 A lot	I don't know
1. You had quick and easy access to services? <i>E.g., short/no waiting lists, free/low-cost access.</i>					
2. The occupational therapist was sensitive to possible negative impacts of the services on your child and your family? <i>E.g., missing important activities, pressure on parents</i>					
3. You were offered flexible arrangements? <i>E.g., location, schedule, frequency</i>					
4. You were able to participate in the prioritisation of goals and interventions in collaboration with the occupational therapist? <i>E.g., based on what is important to you</i>					
5. The occupational therapist avoided overloading you with information and exercises? <i>E.g., adapting the language, not giving too much information or too many exercises to do at home at the same time</i>					
6. The occupational therapist took their time? <i>E.g., to get to know you, to explain, to follow up, to answer your questions</i>					
7. The occupational therapist focused on the positive? <i>E.g., naming strengths, congratulating, highlighting small victories</i>					
8. The people around the child worked together as a team? <i>E.g., teamwork between professionals or with educators, between the occupational therapist and the parent</i>					
9. You received support to engage in occupational therapy services? <i>E.g., support at home, from relatives, supplies</i>					

**Do you have any ideas for how our services could be even better at empowering families without overburdening them?**

Thank you for your feedback!