



Your thoughts are important to us! Please take this short survey to help us understand you and your child/client's needs and how SpecialFit RC can better target them.

Name	Location
Email	Parent / Professional

- 1) What is your child/client's age? (please circle one)
0-5 6-10 11-15 16-19 >19

- 2) What concerns do you have for your child/client's development? (please circle all that apply)
 - a. Regulation
 - b. Attention
 - c. Aggression (self or others)
 - d. Motor Development
 - e. Communication
 - f. Other:

- 3) Of the items you circled above, which 2 are most important to you?

- 4) How many minutes per day is your child/client engaged in a form physical activity?
 - a. 0-15 minutes
 - b. 15-30 minutes
 - c. 30-60 minutes
 - d. >60 minutes

- 5) What is your child/client's favorite form of physical activity? Please list below.
(ex. Running, jumping, swinging, tag/chase, wrestling, swimming, etc.)

- 6) What services is your child/client already receiving?
 - a. Occupational Therapy
 - b. Speech Therapy
 - c. Adaptive PE
 - d. Behavioral/Developmental Therapy
 - e. Physical Therapy
 - f. Other:

- 7) Out of the services mentioned above, do you feel anything is lacking from your child/client's current program? If yes, please list below