Child Occupational Self Assessment (COSA)
Summary Rating Form

Name: _____ **Gender:** M ☐ F ☐ **Date of Birth:** ____/____/____

School Grade: _____ **Education Program:** _____

Therapist: _____ **Assessment Date:** _____/_____/_____

Myself	I have a big problem doing this	I have a little problem doing this	I do this ok	I am really good at doing this	Not really important to me	Important to me	Really important to me	Most important of all to me
Keep my body clean								
Dress myself								
Eat my meals without any help								
Buy something myself								
Get my chores done								
Get enough sleep								
Have enough time to do things I like								
Take care of my things								
Get around from one place to another								
Choose things that I want to do								
Keep my mind on what I am doing								
Do things with my family								
Do things with my friends								
Do things with my classmates								
Follow classroom rules								
Finish my work in class on time								
Get my homework done								

SAMPLE

Child Occupational Self Assessment (COSA) (continued)

Myself	I have a big problem doing this	I have a little problem doing this	I do this ok	I am really good at doing this	Not really important to me	Important to me	Really important to me	Most important of all to me
Ask my teacher questions when I need to								
Make others understand my ideas								
Think of ways to do things when I have a problem								
Keep working on somthing even when it gets hard								
Calm myself down when I am upset								
Make my body do what I want it to do								
Use my hands to work with things								
Finish what I am doing without getting tired too soon								

SAMPLE

COSA Follow-up Questions:

What are 2 other things you are really good at that we didn't talk about today?

1. _____
2. _____

What are 2 other things you have a big problem with that we didn't talk about today?

1. _____
2. _____

Is there anything else that is important to you that we didn't get to talk about? Would you like to tell me?

_____

_____

_____