



## *Teacher Questionnaire and Referral Information*



**Thank you** for taking the time to complete these questions. This child has been referred for a specialist opinion of their developmental / learning and or behavioural problems. Your contribution is very important and I appreciate that your time is valuable.

In addition to providing information about this child's progress within your school, the questions provide opportunity for you to identify any concerns you may have, and indicate where consultation with other professionals may assist the school.

*Please return this to the child's parents before the initial consultation.*

Child's SURNAME: \_\_\_\_\_ Child's FIRST NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: (please circle)      Male      Female

Current School: \_\_\_\_\_

Your Name \_\_\_\_\_ Position \_\_\_\_\_

School: \_\_\_\_\_

Street address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

School Principal \_\_\_\_\_

School Guidance Officer \_\_\_\_\_

Today's date \_\_\_\_\_

How long have you known this child? \_\_\_\_\_ Grade/Class the child is in? \_\_\_\_\_

### Level of Concern

Please tick which best describes your level of concern about this child in the following areas:

| (✓)                  | No concerns | Mild | Moderate | High |
|----------------------|-------------|------|----------|------|
| <b>Educational</b>   |             |      |          |      |
| <b>Behavioural</b>   |             |      |          |      |
| <b>Emotional</b>     |             |      |          |      |
| <b>Social skills</b> |             |      |          |      |

**What does this child do well, their interests, and what do they enjoy?**

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**Please identify specific areas of concern you have about this child in the following areas:**

| Level of Concern [✓] |      |          |      |   |
|----------------------|------|----------|------|---|
| None                 | Mild | Moderate | High |   |
|                      |      |          |      | Reading   |
|                      |      |          |      | Spelling  |
|                      |      |          |      | Writing – putting thoughts into words on paper          |
|                      |      |          |      | Writing – penmanship / fine motor skills                |
|                      |      |          |      | Numeracy / maths  |
|                      |      |          |      | General learning abilities                              |
|                      |      |          |      | Expressive speech and language                          |
|                      |      |          |      | Receptive language / comprehension                      |
|                      |      |          |      | Interpreting visual information, visual memory, copying |
|                      |      |          |      | Sitting posture in the classroom                        |
|                      |      |          |      | Gross motor / sporting skills                           |
|                      |      |          |      | Attention control, distractibility, impulse control     |
|                      |      |          |      | Organisational skills                                   |
|                      |      |          |      | Ability to perform consistently                         |
|                      |      |          |      | Social Skills with peers                                |
|                      |      |          |      | Behaviour in the classroom                              |
|                      |      |          |      | Behaviour in the playground                             |
|                      |      |          |      | Emotional control / emotional well-being / self-esteem  |



**What is the child's current educational setting (size / type of classroom)?**

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**Any additional comments / questions?**

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**Please provide this child's parents with copies of any assessment reports, or any other written information that may be of assistance.**

**Thank you!**