

Primary School (Prep – Year 6) Questionnaire

Thank you for taking the time to complete this questionnaire. This young person has been referred for assessment of developmental / behavioural / academic concerns. Your contribution is very important, and I appreciate that your time is valuable.

In addition to providing information about their progress at your school, the questionnaire provides you with the opportunity to identify any concerns you may have and indicate where consultation with health professionals may assist future.

Please return this to the parents prior to the initial consultation.

Childs' Name: _____ D.O.B _____
Today's Date: _____ Date of Initial Consult: _____
Current Grade: _____
How long have you known them? _____
Teachers' Name: _____ Position: _____

School Details

Name of Organisation: _____
Street Address: _____
Suburb / Postcode: _____
Principal / Director: _____

Educational Sector

State Catholic Independent Distance Education / Home School / Other

What is the current educational setting? (Class size, type of classroom)

Describe the young persons' strengths, what they do well, and what they enjoy.

What is your overall level of concern for this young person? (Please circle)

No concerns Mild Moderate High

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

Level of concern (✓)				(If appropriate or relevant)
None	Mild	Moderate	High	
				Speech (articulation, fluency)
				Expressive language (vocabulary, grammar)
				Receptive language / comprehension
				Daily living and self help skills (feeding, dressing, toileting)
				Interpretation of visual information, memory, puzzles, copying
				Gross motor / sporting skills / physical coordination
				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
				School readiness – literacy (letters, early word recognition)
				School readiness – numeracy (numbers, early counting)
				School readiness – pencil and writing abilities

Please elaborate on these, or any other concerns that you have.

Is this young person receiving additional support at your centre? (For example:
Inclusion Support, Learning Support etc) Yes No

If yes, please describe:

Is there anything else you would like to share?

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

Thank you for your time.