
TEACHER QUESTIONNAIRE

This student has been referred for specialist professional opinion regarding learning and/or developmental concerns. Your contribution is most valued. Information provided by you about this student's educational progress and behavioural and learning concerns will assist in helping this child and his/her family. Please take the opportunity to indicate where collaborative consultation may assist the school. The student's parents / guardians give permission for obtaining this information. Thank you for your time in completing this questionnaire.

STUDENT NAME

DATE OF BIRTH

SCHOOL AND TEACHER DETAILS

Your name

Position

Student's grade

Length of time you have known this student

School

School address

Postcode

School telephone

Your email address

School Principal

School Guidance Officer

Circle the rating which best describes your level of concern for this student in each of the following areas.
Please include comments and information you consider relevant.

EDUCATIONAL	No Concerns	Mild Concerns	Moderate Concerns	High Concerns
	Comments:			
BEHAVIOURAL	No Concerns	Mild Concerns	Moderate Concerns	High Concerns
	Comments:			
EMOTIONAL	No Concerns	Mild Concerns	Moderate Concerns	High Concerns
	Comments:			
SOCIAL SKILLS	No Concerns	Mild Concerns	Moderate Concerns	High Concerns
	Comments:			

List subjects and activities the student enjoys, does well in, and takes pride in.

Describe the student's learning style and preferences.

General Classroom Functioning	Level of Concern			
Organisation skills	Nil	Mild	Moderate	High
Attention control, distractibility, impulse control	Nil	Mild	Moderate	High
Consistent performance across activities and days	Nil	Mild	Moderate	High
Ability to sit at desk (and for floor activities)	Nil	Mild	Moderate	High
Copying from the board and processing of visual information	Nil	Mild	Moderate	High
Fine motor skills and handwriting	Nil	Mild	Moderate	High
Sporting skills and gross motor abilities	Nil	Mild	Moderate	High
Overall general learning abilities	Nil	Mild	Moderate	High
Academic and Language Skills	Level of Concern			
Reading accuracy	Nil	Mild	Moderate	High
Reading comprehension	Nil	Mild	Moderate	High
Spelling	Nil	Mild	Moderate	High
Written composition (ideas onto paper)	Nil	Mild	Moderate	High
Phonological (sound) awareness skills	Nil	Mild	Moderate	High
Numeracy / Maths	Nil	Mild	Moderate	High
Expressive language and speech production	Nil	Mild	Moderate	High
Receptive language (comprehension)	Nil	Mild	Moderate	High
Social – Emotional Status	Level of Concern			
Social skills with peers	Nil	Mild	Moderate	High
Social skills with adults	Nil	Mild	Moderate	High
Emotional control and self-esteem	Nil	Mild	Moderate	High
Behaviour in the classroom	Nil	Mild	Moderate	High
Behaviour in the playground	Nil	Mild	Moderate	High

Outline support interventions (if any) that have been implemented. Please describe the nature, frequency, and outcomes of these (e.g., small group reading intervention with learning support teacher, once per week).

Is the student currently supported through:			If yes, please provide details
Education Adjustment Program (EAP) – Verification and Profile	Yes	No	
Appraisalment for learning difficulties	Yes	No	
An Individualised Education Plan (IEP)	Yes	No	
A Behaviour Management Plan	Yes	No	

ADDITIONAL COMMENTS OR QUESTIONS

Please include if you would like specific assistance.

PLEASE PROVIDE THIS STUDENT'S PARENTS WITH COPIES OF ANY ASSESSMENT REPORTS OR WRITTEN INFORMATION THAT MAY BE OF ASSISTANCE.

Please return the completed questionnaire to this student's parents at your earliest convenience.

THANKING YOU

School Principal signature verifying knowledge of Release of Student Information

Date

CONTACT DETAILS

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