

Teacher Questionnaire Day-care/Kindy/Preschool or Primary School

Child's Name: _____ Date Of Birth: _____

Daycare / Kindy/ Preschool/ Primary School Name: _____

Address: _____

Phone: _____

Grade at school: _____

Person completing this form: Name / Role / Date

What does the child enjoy, do well, interests, and strengths?

What are your concerns about learning, behaviour, emotions?

Level Of Concern

	None	Mild	Moderate	Severe
Speech articulation and fluency				
Receptive: understanding speech				
Expressive: Grammar and vocabulary				
Attention, impulsive, hyperactive				
Organisation				
Memory, puzzles, copying,				
Literacy: letters and word recognition, reading				
Numeracy: numbers and counting				
Pencil and writing abilities				
Motor: balance and coordination, sporting skills				
Activities of Daily living: feeding, toileting, dressing				
Social skills with peers				
Behaviour in classroom				
Behaviour in playground				
Emotional control, wellbeing, self esteem				

Is the child receiving special needs support (verification, support teacher, individualised curriculum)?

How might our service be of help to the child?

Additional comments or questions?