

School Questionnaire (6-18 years)

Student's name _____

Please return the questionnaire to:

Birth date _____

Parent/Guardian _____

Address _____

Postal Code _____

Telephone _____

To the Teacher:

Your careful completion of this questionnaire, which will help us to assess this child's needs, is greatly appreciated.

Name of School _____

Telephone () _____

Fax () _____

Address of School _____

Postal Code _____

Principal/Supervisor _____

Classroom Teacher _____

Questionnaire completed by _____

Position _____

Date _____

To your knowledge, who initiated this referral? _____

Student's grade or level or placement _____

Size of class _____

Date enrolled _____

Yes No Has she/he repeated any grade? (specify) _____

Please describe this child's present placement (include type of classroom, special program and remedial support).

Yes No Does she/he receive in-class resource help?

If yes, please specify _____ hrs per day; _____ hrs per week; _____

Yes No Does she/he receive out of class resource help?

If yes, please specify _____ hrs per day; _____ hrs per week; _____

What are this student's school difficulties and strengths?

Please list any specific concerns and/or questions you would like help with for this student.

1. _____

2. _____

3. _____

Describe his/her social adjustment with adults.

Describe his/her adjustment with other students.

Yes No Is this student currently receiving counselling in school?

If yes, please specify. _____

Please list dates and attach scores or reports of any previous individual or group testing for this student.

- Psychology _____
- Speech and language _____
- Academic achievement _____
- Hearing/vision _____
- Other (specify) _____

Yes No Are you aware of any pending evaluation at school?

If yes, when? _____

By whom? _____

Which of the following services does your school provide and/or is currently received by this student?

SERVICE	AVAILABLE	INVOLVED	NAME OF PROFESSIONAL INVOLVED
Learning assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Resource room program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special education assistant	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech and language therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____
School Psychology	<input type="checkbox"/>	<input type="checkbox"/>	_____
Guidance counselling	<input type="checkbox"/>	<input type="checkbox"/>	_____
Community health nurse	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social worker	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cultural liaison worker	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special class (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Student performance

In each of the following areas, please rate the student's performance as you have observed it on a day-to-day basis:

Reading	Major concern	Minor concern	No concern	Advanced for age	Estimated grade level	Comment
word recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
reading rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
oral reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
silent reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Spelling						
accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<i>Fine motor skills</i>	Major concern	Minor concern	No concern	Advanced for age	Estimated grade level	Comment
writing (legibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
volume output/speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Arithmetic

computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Language

written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
word pronunciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
comprehension of verbal instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
oral sentence structure and fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Knowledge

general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Memory

immediate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
long-term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Art

art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Gym

gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Spatial awareness

left/right confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Effort

effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Yes No Does your student have access to computers?

If yes, please specify in:

classroom

computer room

Describe this student's keyboarding skills:

good

developing

absent

comment _____

Social/emotional

Major concern Minor concern No concern Cannot judge Comment

often worries

tends to be obsessed by topics
and/or play materials

has twitches, mannerisms or tics

wets or soils self in school

sucks thumb

rocks/spins or other repetitive actions

bangs head

bites nails or fingers

resistant to going to school

complains of aches and pains

displays hard to understand behaviours

shows unusual fears

withdrawn (in own world)

poor self-concept

is miserable/unhappy/tearful/distressed

destroys others' belongings

makes embarrassing remarks

has been known to steal

shows no remorse after hurtful
and/or destructive behaviours

Social/emotional (continued)

Major concern Minor concern No concern Cannot judge Comment

has been known to physically injure other children/adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
does not listen to or accept others' opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
resists authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
frequently does not tell the truth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
has been known to be cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
has been known to set fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
has been known to run away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
has been known to run away from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
has been known to "take off" on own for long periods of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
has been in trouble with the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
is frequently absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
is the "class clown"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
copies work of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Yes No Does this child have any special interests or talents? If yes, please specify.

School/parent relationship

Yes No Are parents aware/concerned? If yes, please specify.

General comments

Thank you for your help in completing this questionnaire. Please attach copies of the child's latest assessment or progress reports and include any other information which may help in assessment of this child.

Consent to Release Information from School

Child's name

Birth date

Parent/legal guardian

I hereby authorize the release of information regarding my child from

_____ (school)

to Dr. _____

Please return this consent form and the accompanying questionnaire to:

Dr. _____

_____ 's office

with copies of available assessment reports by school professionals, including learning assistance teacher, psychologist, speech and language pathologist, counsellor, school physician, psychiatrist and therapists.

Signature of parent/legal guardian

Date
