

SCHOOL QUESTIONNAIRE (6–18 YEARS)

Student's name: _____ Birth date: _____

Parent/Guardian: _____

To the teacher: Your careful completion of this questionnaire, which will help us to assess this child's needs, is greatly appreciated. Please return to: _____

Name of school: _____ Contact name: _____

Address: _____ City/province: _____ Postal code: _____

Phone: _____ Fax: _____

Student's grade or level or placement: _____ Size of class: _____ Date enrolled: _____

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

Does the student receive in-class resource help? ☐ Yes ☐ No

If yes, how many hours per week? _____ Per day? _____

Does the student receive out-of-class resource help? ☐ Yes ☐ No

If yes, how many hours per week? _____ Per day? _____

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:



Describe this student's social adjustment with adults:

Describe this student's adjustment with other students:

Is this student currently receiving counselling in school? ☐ Yes ☐ No

If yes, please describe:

Please list dates and attach test scores or reports for any previous individual or group testing done for this student:

☐ Psychology: _____

☐ Speech-language: _____

☐ Academic achievement: _____

☐ Hearing/Vision: _____

☐ Other (specify:) _____

Are you aware of any pending evaluations at school? ☐ Yes ☐ No

If yes, when and by whom? _____

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

| Service/support | Available? | Consultant or agency (if known) | Currently involved? |
|---------------------------------|------------|---------------------------------|---------------------|
| Special education program | | | |
| Individual education plan (IEP) | | | |
| Special education assistant | | | |
| Assistive technology | | | |



| Service/support | Available? | Consultant or agency (if known) | Currently involved? |
|-------------------------------|------------|---------------------------------|---------------------|
| Class FM amplification system | | | |
| Resource room program | | | |
| Speech-language therapy | | | |
| Guidance counselling | | | |
| Occupational/Physical therapy | | | |
| Psychologist | | | |
| Community health nurse | | | |
| Social worker | | | |
| Cultural liaison worker | | | |
| Special class | | | |
| Other (specify) | | | |

Student performance

Please rate the student's performance in the following areas as you have observed it on a day-to-day basis:

| Skill set | Major concern | Minor concern | No concern | Advanced for age | Estimated grade level |
|-------------------------------------|---------------|---------------|------------|------------------|-----------------------|
| Reading | | | | | |
| Word recognition | | | | | |
| Reading rate | | | | | |
| Oral reading | | | | | |
| Silent reading | | | | | |
| Reading comprehension | | | | | |
| Spelling | | | | | |
| Accuracy | | | | | |
| Fine motor skills | | | | | |
| Writing (punctuation, legibility) | | | | | |
| Volume output/speed | | | | | |
| Mathematics | | | | | |
| Computation | | | | | |
| Problem-solving | | | | | |
| Language | | | | | |
| Written | | | | | |
| Word pronunciation | | | | | |
| Comprehension of verbal instruction | | | | | |
| Oral sentence structure and fluency | | | | | |

| Skill set | Major concern | Minor concern | No concern | Advanced for age | Estimated grade level |
|-------------------------------|---------------|---------------|------------|------------------|-----------------------|
| Language (Cont'd) | | | | | |
| Reciprocal conversations | | | | | |
| Inappropriate use of language | | | | | |
| Knowledge | | | | | |
| General | | | | | |
| Memory | | | | | |
| Immediate | | | | | |
| Long-term | | | | | |
| Art | | | | | |
| Art | | | | | |
| Physical education | | | | | |
| Physical education | | | | | |
| Spatial awareness | | | | | |
| Left/right confusion | | | | | |

| Skill set | Major concern | Minor concern | No concern | Comments |
|---|---------------|---------------|------------|----------|
| Effort/motivation | | | | |
| Effort | | | | |
| Social/emotional | | | | |
| Interest in peers | | | | |
| Attempts to engage peers | | | | |
| Social responses to peers | | | | |
| Group interactions with peers | | | | |
| Imaginative play | | | | |
| Solitary play | | | | |
| Repetitive motor movements or behaviours (spinning, flapping, tics) | | | | |
| Ability to share | | | | |
| Turn-taking | | | | |
| Offering comfort | | | | |
| Compliance with rules and limits | | | | |
| Adjustment to new or changed routines | | | | |
| Behaviour | | | | |
| Attention span | | | | |
| Impulsivity | | | | |



| Skill set | Major concern | Minor concern | No concern | Comments |
|--|---------------|---------------|------------|----------|
| <i>Behaviour (Cont'd)</i> | | | | |
| Hyperactivity or motor restlessness | | | | |
| Defiance/Noncompliance with authority | | | | |
| Physical aggression toward others | | | | |
| Destruction of property | | | | |
| Runs away from school | | | | |
| Frequently absent | | | | |
| Starts fires | | | | |
| Lies | | | | |
| Cheats | | | | |
| History of trouble with the law | | | | |
| Unusual fears | | | | |
| Obsessive interests/topics | | | | |
| Ritualistic behaviours | | | | |
| Phobias | | | | |
| Somatic complaints (stomach aches, headaches, pains) | | | | |
| Difficult temperament/moods | | | | |
| Other (specify) | | | | |

Does your student have access to computers? ☐ Yes ☐ No

If yes, please specify whether in: ☐ Classroom ☐ Computer room

Describe this student's keyboarding skills: ☐ Good ☐ Developing ☐ Absent

Comment: _____

Does this child have any special interests or talents? ☐ Yes ☐ No

Please describe:

School/parent relationship:

Are parents aware/concerned? ☐ Yes ☐ No

Please describe:

General comments:

Name of person filling out this form: _____ Title: _____

Signature: _____ Date: _____

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 that may help in assessment of this child.

