National Learning Network

Investing in People, Changing Perspectives

The Assessment Service

TEACHER QUESTIONNAIRE

For the Primary School Child

Please complete the following questionnaire giving as much information as you can. Tick or circle all responses where appropriate.

Childs Name:	
Date of Birth:	
Home Address:	
Teacher's Name:	
School Name:	
School Address: **Tel. No:** **Fax No:** **E-Mail:**	
Year:	
Special Needs coordinator:	
Classroom Assistant:	

In your opinion, what do you consider to be the child's main difficulties at present?

What type of help do you think the child requires?

What do you consider the child's strengths?

ACADEMIC SKILLS/ COGNITIVE SKILLS

What is the child's reading age?
What is the child's spelling age?
Is the child identified as having special needs? Yes / No If Yes, please describe?
Does the child have an Individual Educational Plan? Yes / No If Yes, please list the key aims:
1.
2.
3.
4.
Is the child: • Receiving extra attention in class, i.e. special needs assistant? Yes / No

- Withdrawn for Math/English? Yes / No
- In a special class/unit etc.? Yes / No

If additional teaching is provided, please state in what areas and how frequently:

Does the child have access to keyboard/laptop facilities? Yes / No

Has the child been away from school for any length of time? Yes / No
If Yes, please describe:

Does the child receive assistance in school from other agencies such as Speech and Language Therapy, Educational Psychology, Occupational Therapy etc? Yes / No

If yes, please detail below:

Professional	**Frequency of Support**	**Type of support e.g. advice to teachers, school program, one on one sessions, training etc.**

Are you aware of the child being bullied verbally/physically? Yes / No
If yes, please describe:

CLASSROOM SKILLS (please tick as appropriate)

	Very Strong	**Strong**	**Average**	**Weak**	**Very Weak**
Letter Formation					
Cursive writing (if appropriate)					

	Very Strong	Strong	Average	Weak	Very Weak
Handwriting Speed					
Expressive thoughts on paper					
Presentation skills					
Reading					
Using tools/apparatus e.g. scissors, rulers					
Work independently					

PE / GAMES (please tick as appropriate)

	Very Strong	Strong	Average	Weak	Very Weak
Use of PE equipment: • Floor level • Off the floor	 ❑	❑ ❑	❑ ❑	❑ ❑	❑ ❑
Sending and receiving a ball: • Throwing • Kicking • Catching • Use of bat in racket games	❑ ❑ ❑ ❑	❑ ❑ ❑ ❑	❑ ❑ ❑ ❑	❑ ❑ ❑ ❑	❑ ❑ ❑ ❑
Movement Control: • Running and dodging (traveling) • Sequences of movement (dance, skip etc.) • Balancing on body parts (leg, hop)	❑ ❑ ❑	❑ ❑ ❑	❑ ❑ ❑	❑ ❑ ❑	❑ ❑ ❑ ❑
Spatial awareness	❑	❑	❑	❑	❑
Body awareness	❑	❑	❑	❑	❑

SELF-HELP SKILLS (please tick as appropriate)

	Very Strong	Strong	Average	Weak	Very Weak
Dressing – sequence and orientation of garments					
Buttons and fastenings					

	Very Strong	Strong	Average	Weak	Very Weak
Laces on trainers/shoes					
Open lunch/food/drink packages					
Use cutlery					
Personal toilet/hygiene					

AROUND THE SCHOOL (please tick as appropriate)

	Very Strong	Strong	Average	Weak	Very Weak
Moves confidently around building e.g. without bumping into objects, doorways etc.					
Uses stairs appropriate for age e.g. one foot per step					
Cope in busy playground, corridors, classrooms					
Queuing					

VISUAL SKILLS (please tick as appropriate)

	Very Strong	Strong	Average	Weak	Very Weak
Copying from blackboard or book					
Eye/hand co-ordination					
Spacing of letters/words on a page					
Shape/form construction e.g. puzzles					
Construction on art/science					
Mouse control on computer					

LANGUAGE FOR LEARNING (please tick as appropriate)

	Very Strong	Strong	Average	Weak	Very Weak
Reciting of tables/days of the week, months of the years etc.					
Organise thoughts into sentences					
Tell the differences between similar sounding words					

	Very Strong	Strong	Average	Weak	Very Weak
Ability to perceive rhyme					
Use correct speech sounds					
Follow instructions					
Spelling					
Numeracy					

LISTENING AND BEHAVIOUR (please tick as appropriate)

	Very Strong	Strong	Average	Weak	Very Weak
Attention in class: • Concentrate when class is quiet • Concentrate when the environment is noisy	❑ ❑	❑ ❑	❑ ❑	❑ ❑	❑ ❑
Motivation and willingness to join in activities					
Reaction to praise or punishment					
Self-esteem / confidence					

COMMUNICATION / LANGUAGE AND INTERACTIVE SKILLS (please tick as appropriate)

	Very Strong	Strong	Average	Weak	Very Weak
Eye contact when giving/receiving information					
Volunteer information/answers					
Ability to interpret questions					
Offers assistance to others (adults and /or peers)					
Socialization with peers					
Ability to maintain friendships					
Interpret facial expressions					
Interpret body language					

Please add any additional comments you feel are relevant:

Signed…… Name…… Date……

THANK YOU. PLEASE RETURN QUESTIONNAIRE TO:

The National Learning Network, Assessment Service, Block A, Institute of Technology, Blanchardstown, Blanchardstown Rd. North, Dublin 15.