

TUTOR, TRAINER or EMPLOYER QUESTIONNAIRE

Please complete the following questionnaire giving as much information as you can.
If any pertinent reports or assessments are available, please forward a copy. This is treated as confidential information and will not be discussed without prior consent .

STUDENT/EMPLOYEE DETAILS	
Name:	Date of Birth:
Home Address:	Gender:
	Tel. No:
	Email:
	Year started: Finish: (N/A <input type="checkbox"/>)
Course/job description and duties:	

COLLEGE/EMPLOYER DETAILS	
Company/College Name:	
Name of Line Manager/Tutor/direct supervisor:	
Address:	Tel. No:
	Fax No:
	Mobile No:
Contact name (if different to above):	E-mail:
Preferred Method/Time of Contact:	
Other details:	

KEY CONCERNS AND EXPECTATIONS

Briefly list your main concerns about the individual.

Outputs/expectations from course/workplace.

Is the individual meeting these expectations successfully?

Please state any other information you think may be helpful.
e.g. How the individual's difficulties are presenting with work or with social interaction

This is a checklist to discover a little more about the individual, each point describes an activity for which we would like you to make a judgement. Read each sentence and mark how the individual's ability compares to those of the peer group/people in similar roles by placing an **x** in the most suitable box. **There are no right or wrong answers and confidentiality is assured.** Please check that each point has a corresponding **x**, please do not leave blank answers.

		ability compared to peers				
		very poor	poor	average	good	very good
<i>e.g. the individual is very poor compared to peers</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>e.g. the individual is good at this compared to peers</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Skills	Ability to appropriately argue his or her views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to control the volume of his or her voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Manages not to lose his or her temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Keeping a tidy appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Acting appropriately to the social situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interacting with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Starting and maintaining a conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Making appropriate eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Working as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In group situations, discussions, meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interprets the intentions of others correctly e.g. gets the joke, understands sarcasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Able to sit still when talking to him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Appropriate behaviour for the context of the setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self esteem - may judge by whether s/he talks about himself/herself negatively/positively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Maintain comfortable social distance i.e. does not stand too close or too far away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Making appropriate comments about others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self assured, does not require feedback and reassurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Appearance/dress code appropriate in the context of the setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Overall social skills rating for the individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		ability compared to peers				
		very poor	poor	average	good	very good
Work Related Skills	Read and understand work given to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Copes with number work/calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to work on own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Taking and following orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Follows rules of the setting – work/college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Presentation of work, written reports etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Organisational skills - organise work & time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Keeps attention on tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not getting distracted by others talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing down and remembering tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of specialist equipment or tools (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Legibility of writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cope with changes to routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Remembering to do tasks and assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Work completion rate/ speed of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accuracy and completeness of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Organisational skills - tidy desk/equipment in good order/files or notes well kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing down information accurately and in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Receive several instructions at once without getting confused or muddled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Produce the expected volume of work, compared to others in a similar position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping objects and possessions safe and knowing where they are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Co-ordination - e.g not clumsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall work rating for the individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Further information (please add additional sheets if necessary)

Does the individual receive help at present and if so, what?
E.g. extra time for exams (how long), help with some aspects of duties, mentoring support etc.

Do you know if the individual is in receipt of any disability support/allowances?
No s/he is not - also, I don't think the individual is disabled
Yes s/he is - details:

Has s/he applied for disability support/allowances? Yes No
What are the consequences of this application?

As far as you know has this individual ever been diagnosed as having any learning difficulties? Yes No
If yes, please describe what these were:

Have any health or educational problems led to frequent absence from college/workplace/training setting? Yes No

If yes, please describe what these were and how much time has been missed:

Thank you for your co-operation

Please return to: National Learning Network Assessment Service, Block A, Institute of Technology, Blanchardstown, Blanchardstown Rd. North, Dublin 15.