

### TEACHER QUESTIONNAIRE For the Adolescent

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

SCHOOL DETAILS	
Student's Name:	Date of Birth:
Student's Home Address:	School Name and Address:
	Email: Tel No:
Principal:	Class Teacher:
Year Head:	Learning Support Teacher:

#### KEY CONCERNS

**Briefly list the main concerns about the student:**


**What do you consider the students strengths?**


**ACADEMIC SKILLS/COGNITIVE SKILLS**

What is the student's reading age?	
What is the student's spelling age?	
Has the student been identified as having special educational needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Does the student attend a class with additional teaching? i.e. withdrawn for Math/English	Yes <input type="checkbox"/> No <input type="checkbox"/>
If additional teaching, please state in what areas:	
Is the student in a special unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please state any other information you think may be helpful, what your main concerns are and what type of help is required.

**Section 1:** The statements below describe various behaviors often shown by adolescents. After each statement there are five tick boxes. If you feel that one description definitely describes the behavior shown by the student then please tick the 'I strongly agree' box. If the statement does not describe the student's behavior, then please tick the 'I strongly disagree' or 'I disagree' box as appropriate. Please choose the most appropriate of the five options in each case.

	<b>I strongly agree</b>	<b>I agree</b>	<b>I neither agree nor disagree</b>	<b>I disagree</b>	<b>I strongly disagree</b>
<b>Example: I agree. This statement describes the student somewhat</b>		<b>X</b>			
Finds reading out aloud very difficult					
Had/has great difficulty learning to write					
Usually gets confused or muddled when given several instructions at once					
Has difficulty sounding out words like el-e-phant					
Reading speed is very slow compared to peers					
Often reverses some letters when writing					
Frequently loses place or misses out lines when reading					
Needs to read text more than once to gain understanding					
If asked, says that words jump around on the page when reading					
Regularly writes shorter creative pieces or essays than his/her peers					
Is unable to do sums 'in the head' i.e. without using fingers or paper					
When writing, avoids using words that he/she cannot spell					
Finds coping things down very difficult					
Regularly makes spelling errors					
Regularly fails to recognize known words					

**Section 2:** As before, please tick the most appropriate response. There is no right or wrong answers

	<b>I strongly agree</b>	<b>I agree</b>	<b>I neither agree nor disagree</b>	<b>I disagree</b>	<b>I strongly disagree</b>
Finds turn-taking hard					
Has difficulty controlling the volume of his/her voice					
Finds interacting with others very difficult					
Avoids group situations; finds group activities difficult					
Finds it hard to cope if routines change in the day (e.g. a new supply teacher comes into class, or a change in food for lunch)					
Finds making and keeping friends difficult					
Has routines that need to be undertaken in a certain way every day (e.g. washing hands, dressing, arranging locker or bedroom)					
Finds starting a conversation hard					
Prefers to engage in solitary interests or hobbies					
Often makes inappropriate comments to or about others					
Appears anxious in group settings e.g. class discussion					
Misinterprets the intention of others e.g. joke – telling, sarcasm					
Finds making appropriate eye contact difficult					
Regularly interprets instructions or rules very literally					
Poor at recognizing others' feelings					

**Section 3:** As before, please tick the most appropriate response. There is no right or wrong answers

	<b>I strongly agree</b>	<b>I agree</b>	<b>I neither agree nor disagree</b>	<b>I disagree</b>	<b>I strongly disagree</b>
Finds it very difficult to keep attention on a task					
Often seems distracted when someone is talking to him/her					
Seems to forget things that have been taught recently					
Finds concentrating on homework or lessons hard					
Main interests are different from those of his/her peers					
Defiant when compared with peers					
Argues with adults more than his/her peers or siblings do					
Finds controlling temper very difficult					
Responds badly to being told what to do by adults					
Finds it hard to follow rules					
Often taps feet and/or fiddles					
Answers out of turn during a conversation					
Appears restless, fidgety and on the go all of the time					
Has difficulty waiting his/her turn					
Compared to peers, acts inappropriately in social situations					

**Section 4:** As before, please tick the most appropriate response. There are no right or wrong answers.

	<b>I strongly agree</b>	<b>I agree</b>	<b>I neither agree nor disagree</b>	<b>I disagree</b>	<b>I strongly disagree</b>
Regularly late, a very poor time-keeper					
Very disorganized					
Often loses objects or possessions					
Appears untidy compared to peers/ becomes untidy quickly					
Regularly fails to write down or remember homework tasks					
Compared with peers, finds dressing and undressing at speed e.g. shoelaces, ties and fastenings etc. very difficult					
Writing is poor with regards to spacing, letter formation, writing on the line					
Finds ball games (e.g. netball, football) hard					
Appears clumsy (knocks into or spills things)					
Has great difficulty using equipment, (e.g. can opener, protractor, ruler, opening bags or crisps, managing cutlery or scissors)					
Finds writing at speed very difficult					
Has very untidy writing, difficult to read					
Has great difficulty maintaining an upright posture while sitting					
When writing an essay or assignment, seems to tire easily compared to peers e.g. writes less or hand aches					
Regularly stands too close or too far away when conversing					
Has difficulty hopping/jumping					

Has this student ever been diagnosed as having any learning difficulties?  
Yes  No

If yes, please describe what these were.


Who was the diagnosis given by?

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Has this student had any health or educational problems that have led to frequent absence from school?  
Yes  No

If yes, please describe what these were.


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