

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.

