**School Questionnaire**

An assessment is being carried out to clarify this child’s learning strengths and difficulties. Information from school will be very useful and will help to provide a wider context in which to place these needs.

All information will be treated confidentially.

**Name of Child:**

**Person completing this form:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Below Average** | **Average** | **Above Average** |  | **Below Average** | **Average** | **Above Average** |
| **Speaking and Listening** |  |  |  | **Reading accuracy** |  |  |  |
| **Humanities** |  |  |  | **Reading comprehension** |  |  |  |
| **PE** |  |  |  | **Writing** |  |  |  |
| **Art** |  |  |  | **Spelling** |  |  |  |
| **DT** |  |  |  | **Maths** |  |  |  |
| **Other** |  |  |  | **Science** |  |  |  |

**Role in school:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attitude to work**  Please tick all that apply. | | | |
| Keen |  | Distracts others |  |
| Independent |  | Competent |  |
| Works well with help |  | Slow |  |
| Distractible |  | Lacks interest |  |

**Date form completed:**

|  |
| --- |
| **Does the child get any specialist help / extra support in school?**  Please give details. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the child have any difficulty with:**  Please tick all that apply | | | |
| Planning and organising written work? |  | Remembering instructions? |  |
| Gross motor coordination? |  | Fine motor coordination? |  |
| Copying from the board? |  | Self organisation? |  |
| Continually losing things? |  | Getting started with written work? |  |

|  |  |
| --- | --- |
| Is there a discrepancy between the child’s verbal ability and written work? | Y / N |

|  |  |  |  |
| --- | --- | --- | --- |
| **Peer relationships**  Please tick all that apply. | | | |
| Popular |  | Withdrawn |  |
| Accepted |  | Better with younger children |  |
| Friendly |  | Avoids others |  |
| Dominant |  | Has one special friend |  |

|  |  |
| --- | --- |
| Is the child being monitored for Special Educational needs? |  |
| Is there an SEN plan in place for the child? |  |
| Please provide information about the child’s normal way of working (e.g. in a small group in a separate room) |  |

|  |
| --- |
| **Are there any current difficulties with speech, oral language or communication? Y / N** |
| If yes, please provide further details: |
| **Does the child have difficulties with social skills, behaviour, peer relationships or emotional adjustment? Y / N** |
| If yes, please provide further details: |
| **Does the child have difficulties with self-esteem and confidence? Y/ N** |
| If yes, please provide further details: |

|  |
| --- |
| Strengths  *What are the child’s strengths in school?* |
|  |
| Any other information  *Please provide any other information that would be useful for the assessor to know and what you hope to get out of the assessment.* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Print Name: |  |
| Position in school: |  | Dated: |  |

Thank you for your time and support.

Please return this questionnaire to the child’s parents or email to **thedyslexicpenguin@gmail.com**