Teacher Questionnaire

Note: This form can be completed electronically or by hand.

Please fill out this questionnaire as accurately as you can, completing all questions. If you are unsure about any of the questions, ask the therapist to clarify. All information collected will be kept private and confidential.

Student's Name | **Date**

Teacher's Name

Teacher's Email

School | **Grade**

Other School's Contact Name

Other School's Contact Email

Does the student currently receive additional support in the classroom? ☐ Yes ☐ No

If yes, what:

Does the student currently have an individual plan in place? ☐ Yes ☐ No

If yes, can you please provide a copy to: chelsea@kidsabloom.com.au

Please list your main concerns here

List your student's STRENGTHS here

List your student's DIFFICULTIES here

What subjects does the student like/dislike at school?

LIKES	*DISLIKES*

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Current grade level achievement (if applicable)

Reading _____

Math _____

Spelling _____

List THREE SKILLS you would like your student to improve

1.
2.
3.

What are you hoping to get out of occupational therapy?

Do you have a good understanding of what occupational therapy is and what it can do for your child?

☐ Yes ☐ No

Would you like more information?

☐ Yes ☐ No

Feedback

Item	Satisfactory	Needs improvement	N/A	Comments
General and Behaviour				
Has age appropriate ability to maintain attention/focus	☐	☐	☐	
Able to follow instructions - Verbal - Written	☐ ☐	☐ ☐	☐ ☐	
Follows classroom routines (e.g. lines-up, circle time, timetable)	☐	☐	☐	
Asks for help/makes needs known in classroom	☐	☐	☐	
Speech is understood by: - Teacher - Peers	☐ ☐	☐ ☐	☐ ☐	
Accepts changes/transitions in routine easily	☐	☐	☐	
Controls impulses and frustrations	☐	☐	☐	
Copes effectively when making a mistake	☐	☐	☐	
Learns subject material and is able to recall long term	☐	☐	☐	
Organisation				
Finishes activities on time	☐	☐	☐	
Presents work in a neat and tidy manner	☐	☐	☐	
Able to find pencils, books in a desk or pencil case	☐	☐	☐	
Keeps track of personal and school materials (e.g. pencils, homework, notes home)	☐	☐	☐	

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Feedback CONTINUED

Item	Satisfactory	Needs improvement	N/A	Comments
Social Skills				
Works and plays cooperatively and appropriately with same age peers	☐	☐	☐	
Plays as part of the group, instead of remaining on periphery	☐	☐	☐	
Asks to join in activities with peers in an appropriate manner)	☐	☐	☐	
Follows the rules in games or activities	☐	☐	☐	
Resolves conflicts appropriately	☐	☐	☐	
Controls anger effectively at school	☐	☐	☐	
Gives compliments to, or does nice things for others when appropriate	☐	☐	☐	
Shares things with peers	☐	☐	☐	
Expresses and shows feelings/emotions	☐	☐	☐	
Is aware of other's feelings/emotions	☐	☐	☐	
Able to maintain a conversation with other children and recognises when other people are disinterested	☐	☐	☐	
Demonstrates positive self-esteem	☐	☐	☐	
Fine Motor Skills and Writing				
Shows hand dominance	☐	☐	☐	
☐ Left	☐	☐	☐	
☐ Right	☐	☐	☐	
Pencil grasp	☐	☐	☐	
Pencil use (e.g. fatigue, pressure)	☐	☐	☐	
Formation of letters	☐	☐	☐	
Size of letters	☐	☐	☐	
Reversals of letters and numbers	☐	☐	☐	
Writing letters/numbers from memory	☐	☐	☐	
Organizing work on paper (e.g. spacing, lines, margins)	☐	☐	☐	
Copying from board	☐	☐	☐	
Copying age appropriate shapes	☐	☐	☐	
Scissor use	☐	☐	☐	
Uses all classroom materials (e.g. rulers, scissors, crayons, pencils, erasers, puzzles, books/page turning)	☐	☐	☐	
Manipulation of small objects (e.g. buttons, zips)	☐	☐	☐	
Completes puzzles or visual-spatial activities	☐	☐	☐	
Math				
Number concepts	☐	☐	☐	
Written arithmetic	☐	☐	☐	
Mental arithmetic	☐	☐	☐	

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Feedback CONTINUED

Item	Satisfac-tory	Needs improve-ment	N/A	Comments
Reading				
Identifying letters/sounds	☐	☐	☐	
Sight word recognition	☐	☐	☐	
Word reversals (eg. top/pot)	☐	☐	☐	
Reading all words/lines (i.e. not missing words)	☐	☐	☐	
Keeps track of place when reading/copying	☐	☐	☐	
Comprehension	☐	☐	☐	
Fluency	☐	☐	☐	
Gross Motor Skills				
Demonstrates ability to jump, hop, skip and run	☐	☐	☐	
Demonstrates age appropriate ball skills (throwing, kicking, catching)	☐	☐	☐	
Demonstrates fair endurance for gym/playground play	☐	☐	☐	
Plays on gym and outdoor equipment (e.g. climbing apparatus, slides, swings, etc.)	☐	☐	☐	
Is able to learn new motor skills	☐	☐	☐	
Demonstrates good posture for seated/floor activities	☐	☐	☐	
Demonstrates knowledge of up/down, over/under, left/right	☐	☐	☐	
Sensory Environment				
Filters out and ignores background noises	☐	☐	☐	
Not bothered by loud noises	☐	☐	☐	
Attends to and understands what others are saying	☐	☐	☐	
Gets messy or dirty	☐	☐	☐	
Can stand in a crowded space or line	☐	☐	☐	
Tolerates touch from peers (eg. hugs, accidental touch)	☐	☐	☐	
Keeps hands to self	☐	☐	☐	
Can sit and engage in task for appropriate time without seeking movement	☐	☐	☐	
Other Skills				
Independent at school meal times (e.g. opening lunch box, containers, juice box)	☐	☐	☐	
Demonstrates skills for independent hygiene/toileting	☐	☐	☐	

Any Other Comments?

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