

Assessment services

Education comprehensive questionnaire



This form is for completion by teachers or child care educators of children referred for comprehensive developmental assessments to assist in gathering relevant educational history, presentation at school and information regarding the presenting concerns. This information is important in assisting with planning the most appropriate assessment and the interpretation of results.

Student/child

Surname:		First names:	
Date of birth:		Age:	
Gender:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other		

School

Pre-School / School:			
Address:			
Telephone:		Fax:	
Email:		Year level:	
Principal name:			
Teachers name/s:			
How long has the child attended this school?			
Describe the class/group size and type:			
Form completed by (Name / Position):			
Date:			

General

How does the child communicate:	
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If the child is verbal, describe his/her language e.g. do they talk in complete sentences, take turns in conversation, interrupt, use repetitive phrases:	
Describe their non-verbal behaviours, including eye contact, pointing, facial expression, gesture and body language:	
Describe the child's relationships with their peers e.g. do they initiate contact, avoid contact, parallel play:	
Describe their relationship with your centre/school:	
What does the child do with their unstructured times - recess, lunchtime for school aged (e.g. play with peers, wander with teacher, go to library):	
Describe the child's play skills:	
Does the child have any unusual play skills, interests or obsessive interests (if yes please describe):	
Describe the child's motor skills, including gross and fine motor skills:	

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Does the child have any unusual mannerisms e.g. toe walking, hand flapping, body stiffening, rocking (if yes please describe):	
How does the child cope with unexpected changes in the daily routine or environment e.g. relief teachers, moving desks, excursions:	
Does the child have any unusual routines or rituals e.g. arranging objects in a specific way, expecting things to be done in a certain way (if yes please describe):	
Please describe the student's academic skills (if they have started school), including any test results (e.g. NAPLAN, PAT testing, reading level):	
Please provide details regarding any current or past social or academic interventions:	

Does the child show over or under sensory reactions to any of the following? If yes, please describe briefly:	
Hearing e.g. overreaction to loud noises:	<input type="radio"/> No <input type="radio"/> Yes, please specify:
Visual e.g. looks at objects in an unusual way:	<input type="radio"/> No <input type="radio"/> Yes, please specify:

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Touch e.g. overreacts to being touched by other students:	<input type="radio"/> No	<input type="radio"/> Yes, please specify:
Smell e.g. comments on smells or smells objects:	<input type="radio"/> No	<input type="radio"/> Yes, please specify:
Taste e.g. mouths objects, seeks strong tastes:	<input type="radio"/> No	<input type="radio"/> Yes, please specify:
Movement e.g. constantly on the move:	<input type="radio"/> No	<input type="radio"/> Yes, please specify:
Does the child participate in the full range of provided activities, including group times, academic work, sport etc. (please describe):	<input type="radio"/> No	<input type="radio"/> Yes, please specify:
Is there any other information you would like to convey that has not been addressed:	<input type="radio"/> No	<input type="radio"/> Yes, please specify:

Thank you for completing the questionnaire. The information you have provided will assist greatly with this student / child's assessment.

Please e-mail completed form to **info@solasta.net.au** or fax to **(08) 7160 1999**.