**CONFIDENTIAL Teachers’ Questionnaire**

**All information given on this form will be treated with the strictest confidence.**

**General Information**

|  |  |
| --- | --- |
| Student’s Name: | Age at the moment: |
| Male/Female: | Date of Birth: |

**Academic Performance**

|  |
| --- |
| Is the student’s academic performance consistent? |

|  |
| --- |
| Does he/she appear to be underperforming in some curriculum areas in relation to their peer group? |

|  |
| --- |
|  Does the student require or receive extra support in class?**Yes/No**If Yes, please specify:  |

**Reading**

|  |
| --- |
| Do you have any concerns about his/her progress in/abilities with reading?Does the student show any signs of poor comprehension? |

|  |
| --- |
| Does he/she enjoy reading? |

**Writing**

|  |
| --- |
| Do you have any concerns about his/her progress/abilities in spelling?**Yes/No**If Yes, please specify: |

|  |
| --- |
| Does he/she struggle to get started in written tasks? |

|  |
| --- |
| Is there a discrepancy between the student’s oral ability and writing performance? |

|  |
| --- |
| Can he/she use a laptop/keyboard proficiently for his/he age?  |

**Phonological Awareness**

|  |
| --- |
| Do you have any concerns regarding his/her phonological awareness (awareness of sounds in words)? **Yes/No** |

| Does the student have any difficulties with rhyme generation/identification? **Yes/No** |
| --- |

**Numeracy**

|  |
| --- |
| Do you have any concerns about his/her progress in numeracy?**Yes/No**Can he/she: * learn/recall multiplication tables?
* recall number facts?

Does he/she:* confuse symbols in maths?
* have difficulties with concepts of time?
* have any difficulties with place value?
* have any difficulties with single or multi-step word problems?
* understand key mathematical concepts according to age/key stage?

Please specify any other concerns:  |

**Speech, Language and Communication**

|  |
| --- |
| Do you have any concerns about his/her articulation? **Yes/No**If yes, please give details: |
| Do you have concerns about his/her understanding and use of grammar, either orally or in writing? **Yes/No** If yes, please give details: |
| Can the student orally express his/her ideas clearly? **Yes/No** |

**Sequencing & Memory**

|  |
| --- |
| Does he/she have difficulty retaining concepts from one lesson to the next? **Yes/No** |
| Does he/she have difficulty recalling/following instructions? **Yes/No** |
| Does he/she have any difficulties sequencing - e.g. days of week/months of year/remembering a sequence of actions/letters of the alphabet/sequencing an essay? **Yes/No** |

**Attention and Concentration**

|  |
| --- |
| Do you have any concerns about the student’s ability to concentrate?**Yes/No** |

**Social & Emotional Well-Being**

|  |
| --- |
| Is the student’s attendance at school good? |

|  |
| --- |
| How would you describe the student’s social skills? |

|  |
| --- |
| How would you describe the student’s self-esteem?Does the student participate well in class? Is he/she well motivated? |

|  |
| --- |
| What do you consider the student’s main strengths to be? |
| What do you consider the student’s main weaknesses to be? |

**SEND Policies and Practice**

|  |
| --- |
| Does he/she have an IEP or Personal Targets? Does he/she have an EHCP? Is s/he on SEND register or similar?What SEND support does the learner receive? (e.g. interventions)Does s/he receive any support from outside agencies?  |

Is there any other information you consider relevant?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you very much for taking the time to complete this questionnaire. Your cooperation is very much appreciated.**