**CONFIDENTIAL Teachers’ Questionnaire**

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

**General Information**

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

**Academic Performance**

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| Is the student’s academic performance consistent? |

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

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

**Reading**

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

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

**Writing**

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

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

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

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

**Phonological Awareness**

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| 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** |
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**Numeracy**

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| 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**

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| 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**

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| 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**

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

**Social & Emotional Well-Being**

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

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

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

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| --- |
| 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**

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| --- |
| 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?

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

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

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