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SCHOOL QUESTIONNAIRE

The parents of this child have asked for my guidance on his/her abilities and difficulties in learning and the management of any special needs which may be identified. I value the knowledge and experience you have of his/her education and would, therefore, appreciate your co-operation in completing this questionnaire. Where the information requested is already recorded in another form, please attach a copy and omit the relevant sections of the questionnaire.

Child's Full Name:.....

Child's Date of Birth:.....

Home Address:.....

.....

School:.....Number in School:.....

Class Teacher/Form Tutor's Name:.....

Year:.....Number in Year Group (approximately):.....

Attendance: Regular/Irregular – reason.....

.....

OTHER ASSESSMENTS

Has he/she seen an Educational Psychologist, Learning Support Teacher or any other professional (e.g. Speech Therapist)? If YES please give date:

Is it expected that he/she will be referred for any further assessment? YES/NO
Please give details:

NATIONAL CURRICULUM LEVELS

If available, please give current National Curriculum levels and results of most recent SATs.

Date of SATs:

Subject	Teacher Ass	SATs	Comments	Top/Middle/Low Set or Position in Group
English: Overall.....				
Spkg & Listening.....				
Reading.....				
Writing.....				
Handwriting.....				
Maths: Overall.....				
Science: Overall.....				
Others.....				

**LEARNING/BEHAVIOUR IN THE CLASSROOM
(Class Teacher’s perspective)**

Are there any specific aspects of this pupil’s learning or behaviour about which you are concerned?

Please give details of any test results if known: (tick as appropriate)

	OBSERVATION OR TEST RESULTS
Reading - aloud	GOOD/AVERAGE/WEAK
- comprehension	GOOD/AVERAGE/WEAK
Spelling	GOOD/AVERAGE/WEAK
Free writing	GOOD/AVERAGE/WEAK
Arithmetic	GOOD/AVERAGE/WEAK
Oral expression	GOOD/AVERAGE/WEAK

Coordination/Dexterity GOOD/AVERAGE/WEAK
General Ability: In relation to age group (in school)

ABOVE AVERAGE/ AVERAGE / BELOW AVERAGE

Attainment: In relation to age group (in school)

ABOVE AVERAGE/ AVERAGE/ BELOW AVERAGE

Does the child have any special interests or abilities?

BEHAVIOUR IN CLASS (tick as appropriate)

Withdrawn, aggressive, over-sensitive, anxious, attention seeking, over active, normal, passive, timid , cooperative, friendly, responsive, disorganised (other, please specify)

ATTITUDE TO WORK (tick as appropriate)

Enthusiastic and works well, seeks approval, distractible, slow, competent, shows no interest (other, please specify)

ATTITUDE TO ADULTS

Obedient, apprehensive, submissive, aggressive, normal, resents correction (other, please specify)

ATTITUDE TO OTHERS

Friendly, popular, prefers older pupils, prefers younger pupils, withdrawn, dominant, submissive, normal (other, please specify)

Please give details of any individual support which you have been able to provide in the classroom:

Other comments or observations:

SPECIAL NEEDS PROVISION

Is this child on the register of special educational needs? YES/NO

If YES please state Stage: and date placed at that Stage:

Does he/she have an Individual Education Plan?

If YES please attach a copy of the Individual Education Plan or any other relevant documentation.

Pleas give details of any individual or small group support currently in place:

Working on:

Targets:

Times per week:.....

Session length:.....

Group Size:

Resources:

Approaches:

Delivered by:

Please give details of any in-class or other support currently in place:

Date of next review:

If current measures prove unsuccessful, what further resourcing, in your opinion, would be necessary?

**SUMMARY OF SCHOOL'S PERSPECTIVE
and any other information**

Signed:

Position:.....

Date:.....

THANK YOU FOR YOUR ASSISTANCE