



**kidthink**  
psychology

## Initial Assessment Teacher Questionnaire

This student has been referred for child psychology services. Your contribution is most appreciated. Information provided by you about this child and their progress and behavioural and learning concerns will be of benefit to this child and their family. Please indicate where you would like collaboration with the Psychologist in order to assist the child within the school environment. The child's parents/guardian have given permission for the Psychologist to obtain and share information. Thankyou for your time in completing this questionnaire.

Child's Name	
Date of Birth	

### School and Teacher/Educational Professional Details

Your Name	
Position/Role	
Student's grade	
Length of time you have known student	
School	
School's address	
School telephone	

School Principal	
School Guidance Officer	
Your email address	

**Concerns at School**

Do you have any educational concerns for this student? (please circle) Y / N

If yes, please elaborate

Do you have any behavioural concerns for this student? (please circle) Y / N

If yes, please elaborate

Does the student have any difficulties emotionally? (please circle) Y / N

If yes, please elaborate

Does the student have any difficulties socially? (please circle) Y / N

If yes, please elaborate

Please describe the student's strengths and activities/subjects in which they excel.

How does this student learn best? Which strategies do they respond well to?

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Please rate the following areas of the student's progress.

Overall classroom functioning	How concerned are you?			
Organization skills	Nil	A little	Moderately	Significantly
Attention, distractibility and impulse control	Nil	A little	Moderately	Significantly
Consistency across school work/activities	Nil	A little	Moderately	Significantly
Ability to sit at desk or on floor	Nil	A little	Moderately	Significantly
Processing of visual information (e.g. from blackboard)	Nil	A little	Moderately	Significantly
Fine motor skills and handwriting	Nil	A little	Moderately	Significantly
Gross motor abilities and physical capabilities	Nil	A little	Moderately	Significantly
General learning abilities	Nil	A little	Moderately	Significantly

Academic and Language Skills	How concerned are you?			
Accuracy of reading	Nil	A little	Moderately	Significantly
Reading comprehension	Nil	A little	Moderately	Significantly
Spelling	Nil	A little	Moderately	Significantly
Written work	Nil	A little	Moderately	Significantly
Sound awareness	Nil	A little	Moderately	Significantly
Maths	Nil	A little	Moderately	Significantly
Expressive language (speech)	Nil	A little	Moderately	Significantly
Receptive language (understanding)	Nil	A little	Moderately	Significantly
Social Emotional State	How concerned are you?			
Interactions with peers	Nil	A little	Moderately	Significantly
Interactions with adults	Nil	A little	Moderately	Significantly
Emotional control	Nil	A little	Moderately	Significantly
Self esteem	Nil	A little	Moderately	Significantly
Behaviour at school	How concerned are you?			

In classroom	Nil	A little	Moderately	Significantly
In playground	Nil	A little	Moderately	Significantly

Please outline any supports that have been implemented at school (i.e. teacher aide time, reading support, special education class placements).

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Please tick the current programs or plans that the student is currently supported through:

Program / Plan	Yes (please tick)	Provide details
Education Adjustment Program (EAP) – Verification and Profile		
Appraisement for learning difficulties		
Individualised Education Plan (IEP)		
Behaviour Management Plan		
Other (please specify)		

Please indicate whether your school would like any specific assistance with relation to this child and include details.

It would be highly beneficial if you could provide **copies of relevant reports or written information** to this child's parents so that they can make available to the Psychologist. Please return to this student's parents as soon as possible or alternatively sign and scan and provide a copy via email to the email address below.

Please sign to acknowledge the release of this student's information to Renée Muller, Registered Psychologist.

Name	Role
<hr/>	
Signed	Date
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Contact Details

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Kidthink Psychology

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