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| **Please return this form once completed to the person making the referral to Community Paediatrics to be included with the referral form** |

**TEACHER QUESTIONNAIRE**

It would be extremely helpful to have information from her/his teacher in respect of the following areas. We have parental agreement to request this information from you:

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| Name of Pupil: |  | | |
| Date of Birth: |  | | |
| Address: |  | | |
| School: |  | **Year:** |  |
| Class Teacher / Form Tutor Name: |  | | |
| SENCO Name: |  | | |
|  | ***please tick box below as appropriate*** | | |
| **School Support:** |  | | |
| EHCP |  | | |
| EHC Assessment Underway |  | | |
| Enhanced School Funding |  | | |
| None of the Above |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Agency Involvement: | Current or past and estimated dates | Reason for Involvement | What support was received? |
| Speech and Language Therapy | Current/Past  Start date  ………………  End date  ……………… |  |  |
| Paediatrician | Current/Past  Start date  ………………  End date  ……………… |  |  |
| Occupational Therapy | Current/Past  Start date  ………………  End date  ……………… |  |  |
| Child and Adolescent Mental Health Services (CAMHS) | Current/Past  Start date  ………………  End date  ……………… |  |  |

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| Healthy Minds | Current/Past  Start date  ………………  End date  ……………… |  |  |
| Physiotherapy | Current/Past  Start date  ………………  End date  ……………… |  |  |
| Educational Psychology | Current/Past  Start date  ………………  End date  ……………… |  |  |
| Children and Young People’s Nurse | Current/Past  Start date  ………………  End date  ……………… |  |  |
| Social Worker | Current/Past  Start date  ………………  End date  ……………… | Open to Child in need: Yes/No  Reason:      Open to Child Protection: Yes/No  Reason: |  |
| Early Years Inclusion Team (e.g. Portage, SENCO) | Current/Past  Start date  ………………  End date  ……………… |  |  |
| Early Help Worker | Current/Past  Start date  ………………  End date  ……………… |  |  |
| Working Together Team | Current/Past  Start date  ………………  End date  ……………… |  |  |
| Behavioural Outreach Support Service (BOSS) | Current/Past  Start date  ………………  End date  ……………… |  |  |
| Other (please state): |  |  |  |

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| In comparison with children of the same age, does your pupil have difficulties with the following: | No  Difficulties | Mild Difficulties | Moderate Difficulties | Severe Difficulties |
| Academic achievement in literacy |  |  |  |  |
| Academic achievement in numeracy |  |  |  |  |
| Co-ordination |  |  |  |  |
| Classroom behaviour |  |  |  |  |
| Playground behaviour |  |  |  |  |
| Self-esteem |  |  |  |  |
| Peer relationships |  |  |  |  |
| Hyperactivity (fidgety, restless) |  |  |  |  |
| Inattention |  |  |  |  |
| Impulsivity |  |  |  |  |
|  | | | | |
| What are the main concerns that you want our service to address? | | | | |
| How long has this been a problem and why are the family seeking help now? | | | | |
| Do you have any concerns about the child’s emotional wellbeing / mental health? For example social anxiety, separation anxiety, low mood? | | | | |
| Are you aware if the child has experienced any upsetting family circumstances or what might be considered as traumatic experiences? This could include but is not limited to; physical abuse, emotional abuse, sexual abuse, neglect, bullying, bereavement or loss, witnessed domestic violence, witnessed family alcohol or substance misuse, parental relationship breakdown, witnessed or cared for a parent with significant mental or physical health difficulties, been in an accident. Please provide a brief description: | | | | |
| How Would You Describe This Child’s: | | | | |
| 1. General academic progress: | | | | |
| 1. Attitude to learning: | | | | |
| 1. Specific learning difficulties: | | | | |
| 1. Motor control: | | | | |
| 1. Attention control and ability to complete tasks: | | | | |
| 1. Activity level and impulse control: | | | | |
| 1. Communication: | | | | |
| 1. Organisation skills, attending on time, equipment: | | | | |
| 1. Social interaction:   *With teacher(s):*  *With peers:* | | | | |
| 1. Behaviour:   *In the classroom:*  *During non-structured time (such as break times):* | | | | |
| Completed By : ………………………………………….. Position…………………………………..  Date of Completion: ……………………………………...  *Thank you for your help*. | | | | |

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