**Class Teacher Questionnaire**

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| Name of child:  |  | DoB: |  |
| Name of school: |  |
| Completed by: |  | Role: |  |
| Date of completion: |  | Year Group: |  |

| 1. **Emotional Distress:**
 | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Have you noticed the child seeming upset or anxious without clear reasons?  |  |  |  |
| Have you seen any changes in the child's eating or sleeping habits? |  |  |  |
| Any observed repetitive or self-harming behaviours? |  |  |  |
| Does the child react to unexpected changes in routine? |  |  |  |

| **Information from exploring the class teacher’s views:** |
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| 1. **Social Isolation:**
 | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Does the child often prefer to work or play alone?  |  |  |  |
| Does the child struggle to initiate social interactions with their peers? |  |  |  |
| Have you observed difficulty in understanding social cues? |  |  |  |
| Has the child mentioned feelings of loneliness or isolation? |  |  |  |

| **Information from exploring the class teacher’s views:** |
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| 1. **Coping Mechanisms:**
 | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Does the child over react to stressful situations? (How does this typically manifest?) |  |  |  |
| Does the child under react to stressful situations? (How does this typically manifest?) |  |  |  |
| Are there any noticeable self-soothing routines or rituals? |  |  |  |
| Have you observed anything that may be relevant to understanding the child's emotional and social well-being? |  |  |  |

| **Information from exploring the class teacher’s views:** |
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