**Key Person or Professional 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** |
| --- | --- | --- | --- |
| Does the child often appear upset, stressed or anxious without any apparent reason?  |  |  |  |
| Has the child expressed any feelings of sadness, worry or fear that seem excessive or out of proportion to the situation(s)?  |  |  |  |
| Does the child often have difficulty managing and expressing emotions? (How does this typically manifest?) |  |  |  |
| Does the child display signs of intense or amplified reactions to sensory stimulation? (e.g., busyness, noise, touch)? |  |  |  |
| Does the child become dysregulated? (How often does this happened?) |  |  |  |
| Does the child usually react to unexpected changes in schedule or routines? (What does this look like?) |  |  |  |

| **Information from exploring the key person or professional’s views:** |
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| 1. **Social Isolation:**
 | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Does the child prefer to play or work alone, even when opportunities to interact with peers are available?  |  |  |  |
| Does the child initiate social interactions with peers? (How often does this happen? |  |  |  |
| Does the child struggle to understand social cues (facial expressions, body language, etc.)? |  |  |  |
| Does the child tend to avoid eye contact or exhibit any unique patterns of eye contact? |  |  |  |
| Does the child exhibit any difficulty in making and maintaining friendships? |  |  |  |
| Has the child mentioned feeling lonely or isolated? |  |  |  |
| Does the child struggle with changes in the social environment (such as a new classmate, teacher, or different social setting)? |  |  |  |

| **Information from exploring the key person or professional’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?) |  |  |  |
| Does the child have any specific routines, rituals or habits they use to self-soothe? |  |  |  |
| Does the child use any specific objects for comfort? |  |  |  |
| Are there strategies that have been successful in helping the child to relax or feel comfortable? (What are these?) |  |  |  |

| **Information from exploring the key person or professional’s views:** |
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