



CRISALIDA
CHILD, ADOLESCENT & FAMILY THERAPY
391A ST GEORGES ROAD, FITZROY NORTH 3068
PHONE: 9481 1233 FAX: 9481 1322
WWW.CRISALIDA.COM.AU

5A - PRESCHOOLER TEACHER'S QUESTIONNAIRE

CHILD'S DETAILS

CHILD'S NAME: _____ TODAY'S DATE: _____
DATE OF BIRTH: _____ GENDER: Male Female
KINDER/CHILD CARE: _____ YEAR: _____
TEACHER(S): _____ AIDE: _____
FORM FILLED OUT BY: _____
PHONE: (Mobile) _____ (Kinder/Childcare) _____
EMAIL: _____

GENERAL INFORMATION

What are your main concerns for this child?

1. _____
2. _____
3. _____

Does child have difficulty with any of the following (please tick and comment as you wish):

GROSS MOTOR SKILLS

- | | |
|---|--|
| <input type="checkbox"/> Hopping | <input type="checkbox"/> Jumping |
| <input type="checkbox"/> Running | <input type="checkbox"/> Skipping |
| <input type="checkbox"/> Ball Skills | <input type="checkbox"/> Overall co-ordination |
| <input type="checkbox"/> Playground equipment | |

FINE MOTOR SKILLS

- | | |
|---|--|
| <input type="checkbox"/> Shoelaces/small buttons | <input type="checkbox"/> Colouring |
| <input type="checkbox"/> Cutting/scissor grasp | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Staying within the lines | <input type="checkbox"/> Puzzles |
| <input type="checkbox"/> Writing name (if almost at school) | <input type="checkbox"/> Pencil grasp |
| <input type="checkbox"/> Manipulation of objects | <input type="checkbox"/> Using the same hand |

LANGUAGE & SPEECH

- Following directions
- Articulation
- Naming things
- Talking too fast/slow

COGNITIVE/BEHAVIOUR

- Concentration
- Staying at an activity
- Copying designs
- Imaginative Play
- Trying new things
- Listening
- Being too slow
- Puzzles/games
- Transitioning
- Toileting
- Eating
- Learning new things
- Confidence
- Organising self

SOCIAL SKILLS

- Feelings recognition/expression
- Making friends
- Playing co-operatively
- Self-esteem/self confidence
- Keeping friends
- Communication
- Sharing/turn taking
- Self-regulation

What are the child's strengths?

- 1. _____
- 2. _____
- 3. _____

What are the child's weaknesses?

- 1. _____
- 2. _____
- 3. _____

EDUCATIONAL DETAILS

Kinder/Childcare Attended	Year Level	Teacher/s

General Learning/Play: (Describe strengths & weaknesses):

Does child have a classroom aide or any other additional special education or support services within the centre? (eg. Speech, OT, Psychology) What for? How often? _____

What are your current goals for this child?

1. _____
2. _____
3. _____

Please number in order of priority for this student:

Psychology ___ Speech ___ OT ___

Are there any concerns regarding School Readiness for next year?

Yes ___ No ___

Thank you for your time in completing this form.

All information is confidential.

***Please send to Crisalida, 391A St Georges Rd, Fitzroy Nth 3068 or fax:
94811322 ASAP. Any questions, please contact 94811233.***