



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

5B – CRISALIDA - TEACHER'S QUESTIONNAIRE - CHILD

CHILD'S DETAILS

CHILD'S NAME: _____ TODAY'S DATE: _____
DATE OF BIRTH: _____ GENDER: Male Female
SCHOOL: _____ GRADE: _____
TEACHER(S): _____ AIDE: _____
FORM FILLED OUT BY: _____
PHONE: (Mobile) _____ (School) _____
EMAIL: _____

GENERAL INFORMATION

What are your main concerns for this student?

1. _____
2. _____
3. _____

***Does your student 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"/> Pencil/scissor grasp | <input type="checkbox"/> Colouring |
| <input type="checkbox"/> Cutting | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Staying within the lines | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Puzzles | <input type="checkbox"/> Shoelaces/small buttons |
| <input type="checkbox"/> Manipulation of objects | <input type="checkbox"/> Using the same hand |

LANGUAGE & SPEECH

- | | |
|---|--|
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Naming things |
| <input type="checkbox"/> Articulation | <input type="checkbox"/> Talking too fast/slow |

COGNITIVE/BEHAVIOUR

- | | |
|--|---|
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Staying at an activity |
| <input type="checkbox"/> Puzzles/games | <input type="checkbox"/> Letter reversals |
| <input type="checkbox"/> Copying designs | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Trying new things | <input type="checkbox"/> Learning new things |

- () Motivation
- () Being too slow

- () Confidence
- () Organising self

SOCIAL SKILLS

- () Making friends
- () Feelings recognition/expression
- () Playing co-operatively
- () Self-esteem/self confidence
- () Keeping friends
- () Communication
- () Self-regulation
- () Negotiation

What are the student's strengths?

1. _____
2. _____
3. _____

What are the student's weaknesses?

1. _____
2. _____
3. _____

EDUCATIONAL DETAILS

School Attended	Grade Level	Teacher/s

General Academic Performance (Describe strengths & weaknesses in school subjects): _____

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

What are your current goals for this student?

1. _____
2. _____
3. _____

Please number in order of priority for this student:

Psychology ___ Speech ___ OT ___

Comments: _____

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.