



CRISALIDA
CHILD, ADOLESCENT & FAMILY THERAPY
391A ST GEORGES ROAD, FITZROY NORTH 3068
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5C - YEAR CO-ORDINATOR/ENGLISH TEACHER QUESTIONNAIRE

STUDENT'S DETAILS

STUDENT'S NAME: _____ TODAY'S DATE: _____
DATE OF BIRTH: _____ GENDER: Male Female
SCHOOL: _____ YEAR: _____
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

- () Energy levels _____
() Running _____
() Ball Skills _____
() Overall co-ordination _____
() Sporting Ability _____
() Other _____

FINE MOTOR SKILLS

- () Pen grasp () Copying written information
() Scissor/tool use () Writing down verbal instructions
() Writing () Muscle fatigue/pain
() Drawing () Shoelaces/small buttons
() Manual dexterity/co-ordination () Other _____

LANGUAGE & SPEECH

- Following directions
- Articulation
- rephrasing information
- Registration of information
- Talking too fast/slow
- Other_____

COGNITIVE/BEHAVIOUR

- Concentration levels
- Visual-spatial tasks eg.puzzles
- Being too slow
- Following verbal/written information
- Avoidant or oppositional behaviours
- Attempting new tasks
- Perseverance with activities
- Problem-solving/planning
- Organizational skills
- Motivation
- Creativity
- Other_____

SOCIAL SKILLS

- Making friends
- Feelings recognition/expression
- Co-operation with others
- Self-esteem/self confidence
- Other_____
- Sustaining friendships
- Self-regulation
- Negotiation
- Communication

What are the student's strengths?

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

What are the student's weaknesses?

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

EDUCATIONAL DETAILS

Schools Attended: this year/previous 1-2	Grade Level	Teacher/s

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

Does student have a classroom aide or any other additional special education or support services within the school system (eg. psychology, Speech, OT, aide)? 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.***