



CRISALIDA

CHILD, ADOLESCENT, ADULT & FAMILY THERAPY

678 High Street Thornbury 3071
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5A - PRESCHOOLER TEACHER'S QUESTIONNAIRE

CHILD'S DETAILS

Name: _____ DOB: _____ Gender: _____

Language/s Spoken at Home: _____

Kinder/Child Care: _____ Year: _____

Teacher/s: _____ Aide: _____

Contact Number: _____

Contact Email: _____

GENERAL:

What are your major concerns with this child:

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

GROSS MOTOR SKILLS

- Hopping
- Jumping
- Running
- Skipping
- Ball Skills
- Overall co-ordination
- Playground equipment

FINE MOTOR SKILLS

- Shoelaces/small buttons
- Colouring
- Cutting/scissor grasp
- Drawing
- Staying within the lines
- Puzzles
- Writing name (if almost at school)
- Pencil grasp
- Manipulation of objects
- Using the same hand

LANGUAGE & SPEECH

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



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COGNITIVE/BEHAVIOUR

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

SOCIAL SKILLS

- Feelings recognition/expression
- Keeping friends
- Making friends
- Communication
- Playing co-operatively
- Sharing/turn taking
- Self-esteem/self confidence
- 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, aide at school) What for? How often?



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What are your current goals for this child?

Please number in order of priority for this student:

Psychology

Speech

OT

Are there any concerns regarding School Readiness for next year?

Yes | No