



CRISALIDA

CHILD, ADOLESCENT, ADULT & FAMILY THERAPY

678 High Street Thornbury 3071
630 Bell Street Preston West 3072
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5B – CRISALIDA - TEACHER’S QUESTIONNAIRE - CHILD

CHILD’S DETAILS

Name: _____ DOB: _____ Gender: _____

Language/s Spoken at Home: _____

School: _____ 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

- Pencil/scissor grasp
- Colouring
- Cutting
- Drawing
- Staying within the lines
- Writing
- Puzzles
- Shoelaces/small buttons
- Manipulation of objects
- Using the same hand

LANGUAGE & SPEECH

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



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COGNITIVE/BEHAVIOUR

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

SOCIAL SKILLS

- | | | |
|--|---|--|
| <input type="checkbox"/> Making friends | <input type="checkbox"/> Communication | <input type="checkbox"/> Self-esteem/self confidence |
| <input type="checkbox"/> Keeping friends | <input type="checkbox"/> Playing co-operatively | <input type="checkbox"/> Negotiation |
| <input type="checkbox"/> Feelings recognition/expression | <input type="checkbox"/> Self-regulation | |

What are the student's strengths?

What are the student's 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?

What are your current goals for this child?

Please number in order of priority for this student:

- | | | |
|-------------------------------------|---------------------------------|-----------------------------|
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Speech | <input type="checkbox"/> OT |
|-------------------------------------|---------------------------------|-----------------------------|