



**CRISALIDA**

CHILD, ADOLESCENT, ADULT & FAMILY THERAPY

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## **5C - YEAR CO-ORDINATOR/ENGLISH TEACHER QUESTIONNAIRE**

### **STUDENT'S DETAILS**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Language/s Spoken at Home: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Teacher/s: \_\_\_\_\_ Aide: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### **GENERAL:**

What are your main concerns with this student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### **GROSS MOTOR SKILLS**

- |  |  |
|--|--|
| <input type="checkbox"/> Energy levels | <input type="checkbox"/> Overall co-ordination |
| <input type="checkbox"/> Running       | <input type="checkbox"/> Sporting Ability      |
| <input type="checkbox"/> Ball Skills   | <input type="checkbox"/> Other                 |

### **FINE MOTOR SKILLS**

- |   |   |
|---|---|
| <input type="checkbox"/> Pen grasp                        | <input type="checkbox"/> Drawing                        |
| <input type="checkbox"/> Copying written information      | <input type="checkbox"/> Shoelaces/small buttons        |
| <input type="checkbox"/> Scissor/tool use                 | <input type="checkbox"/> Manual dexterity/co-ordination |
| <input type="checkbox"/> Writing down verbal instructions | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Writing                          | _____   |
| <input type="checkbox"/> Muscle fatigue/pain              |   |

### **LANGUAGE & SPEECH**

- |  |   |
|--|---|
| <input type="checkbox"/> Following directions        | <input type="checkbox"/> Talking too fast/slow  |
| <input type="checkbox"/> Registration of information | <input type="checkbox"/> Rephrasing information |
| <input type="checkbox"/> Articulation                | <input type="checkbox"/> Other                  |
- \_\_\_\_\_



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### COGNITIVE/BEHAVIOUR

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

### SOCIAL SKILLS

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

What are the student's strengths?

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What are the student's weaknesses?

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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?

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Please number in order of priority for this student:

- Psychology
- Speech
- OT