

Lindi Hanssen, Registered Psychologist MA (Honours Psychology), MNZPsS, NZTC

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**OPTIONAL SCHOOL QUESTIONNAIRE**

*To be completed by class teacher, or Dean or Director of Learning Support etc*

Date:

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|  |

Name of student:

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Class:

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Teacher:

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Preferred contact number and times:

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|  |

Email:

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Please describe any help or extension that that the child receives at school:

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What are the child’s strengths, as you see them?

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What are the child’s challenges or difficulties, as you see them?

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Describe briefly the child’s peer relationships, leadership potential or any social problems at school:

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Do you have any concerns about the child’s concentration in the classroom? Please describe briefly:

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Using the abbreviations AD (advanced), AA (age-appropriate), and LE (lower than expected), please indicate the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Reading accuracy |  | Reading comprehension |  |
| Reading rate |  | Spelling |  |
| Written language (ideas) |  | Written language (structure) |  |
| Oral maths |  | Written maths |  |
| Handwriting (including letter formation, presentation) |  | In-class task completion |  |
| Participation in class discussions  |  | Gross motor skills |  |
| Oral language and speech |  | Homework completion |  |

*Thank you for the time you have taken to complete this form.*