

Macarthur Paediatric Occupational Therapy

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TEACHER QUESTIONNAIRE

The Occupational Therapist is interested in assisting students who may have difficulties in either sensory, motor or perceptual skills which may interfere with their ability to complete school tasks.

_____ has been referred for an Occupational Therapy assessment by
_____.

It would be appreciated if you would complete this questionnaire. The information you provide will give the therapist vital information on the student's school performance and assist in developing a profile of the child's strengths and weaknesses.

1. Has the student been assessed by the School Counsellor: Yes/No
When: _____ School Counsellor _____

2. Does the student have any identified learning problems? Yes/No
If yes, what difficulties? _____

3. Does the student receive any assistance for these problems? Yes/No
If yes, please describe _____

4. What is your primary concern for this student? _____

1. Please circle and comment on the following questions.

GENERAL ACADEMIC PERFORMANCE

	<u>Below Average</u>	<u>Above Average</u>	<u>Average</u>
Reading	2	1	0
Spelling	2	1	0
Maths	2	1	0
Handwriting	2	1	0
Essay writing	2	1	0
Science	2	1	0
Additional Comments			

Please rate all items using a scale of 1 to 5. Circle the number that best represents your judgement. The number 1 indicates the lowest or least favourable performance, and number 5 indicates the highest or most favourable performance..

6. **CLASSROOM PERFORMANCE:** Does the child have difficulties with any of the following activities?

Please tick or circle the appropriate response.

a) **Handwriting**

	Lowest		Middle	Highest	
Sitting posture	1	2	3	4	5
Pencil Grip	1	2	3	4	5
Pencil control	1	2	3	4	5
Letter formation	1	2	3	4	5
Letter reversals	1	2	3	4	5
Letter size	1	2	3	4	5
Letter spacing	1	2	3	4	5
Letter slope	1	2	3	4	5
Legibility	1	2	3	4	5
Fluency	1	2	3	4	5
Writing speed					
slow/fast	1	2	3	4	5
Copying from					
Desk	1	2	3	4	5
Copying from					
Blackboard	1	2	3	4	5

Does poor handwriting skills affect the student's performance in other academic areas?

Yes/No If yes, please describe _____

Is the student expected to use a particular style of writing? Eg. Foundation or cursive.

Does the student have difficulties recording notes in class from the blackboard? Yes/ No

If yes, please describe _____

How quickly does the student's hand/arm/wrist/fingers tire when writing (circle time)

1-----1-----1-----1-----1
2 mins 5 mins 10 mins 20 mins Not at all

In comparison to other students in your class, rate the student's performance in the following:

Speed	1-----1-----1-----1-----1
	Slow Average Fast
Legibility	1-----1-----1-----1-----1
	Poor Good Excellent
Pain	1-----1-----1-----1-----1
	A lot of pain Some pain No pain
Attitude	1-----1-----1-----1-----1
	Dislikes writing Likes writing Loves writing
Completion of writing	1-----1-----1-----1-----1
	Doesn't finish Within set time Finishes before most
Willingness to attempt tasks	1-----1-----1-----1-----1
	Avoids Co-operative Very Co-operative

Please rate all items using a scale of 1 to 5. Circle the number that best represents your judgement. The number 1 indicates the lowest or least favourable performance, number 5 indicates the highest or most favourable performance.

b) Manipulation of Tools

	Poor		Middle		Good
Ruler	1	2	3	4	5
Rubber	1	2	3	4	5
Pencils	1	2	3	4	5
Paintbrush	1	2	3	4	5

Other comments on performance _____

c) Fine Motor Skills

Any difficulties observed _____

d) Gross Motor

	Lowest	Next Lowest	Middle	Next Highest	Highest	
Ball skills	1	2		3	4	5
Running	1	2		3	4	5
Team sports eg: cricket, soccer	1	2 netball		3	4	5

e) Computer Skills

Do you have access to a computer at school? ☐ Academic ☐ Social Use ☐ Internet
Programs used :

Typing skills:

Method of typing: (e.g. touch type / two finger search / other)

Attitude	1-----1-----1-----1-----1-----1	
	Loves typing Likes typing Dislikes typing	
Completion of typing	1-----1-----1-----1-----1-----1	
	Finishes before Within set time Doesn't finish most	
Willingness to type	1-----1-----1-----1-----1-----1	
	Very Co-operative Avoids co-operative	

f) Attention – Please circle frequency of behaviour

Concentration	1 ----- 1 ----- 1 ----- 1 ----- 1	
	Never on task Always on task	
Impulsivity	1 ----- 1 ----- 1 ----- 1 ----- 1	
	Frequently Infrequently	
Distractibility	1 ----- 1 ----- 1 ----- 1 ----- 1	
	Frequently Infrequently	
Excessive fidgeting	1 ----- 1 ----- 1 ----- 1 ----- 1	
	Frequently Infrequently	
Disruptive	1 ----- 1 ----- 1 ----- 1 ----- 1	
	Frequently Infrequently	
Easily frustrated	1 ----- 1 ----- 1 ----- 1 ----- 1	
	Frequently Infrequently	

Other comments on performance _____

g) Behaviour

	Never	Sometimes	Frequently	Always
Listens to teacher's Instructions	1	2	3	4
Perseverance with Task	1	2	3	4
Motivation	1	2	3	4

Other comments on performance _____

h) Organisation

	Never	Sometimes	Frequently	Always
Uses diary effectively	1	2	3	4
Identifies materials in class	1	2	3	4
Organises self to timetable	1	2	3	4
Prioritize/follow homework routine	1	2	3	4
Respects personal Space	1	2	3	4

Other comments on performance _____

7. ADDITIONAL COMMENTS: _____

Thank you for your participation

Date: _____ Contact Ph: _____

Completed by: _____ Contact Email: _____

(Teacher's name & position)