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Confidential School Questionnaire

At the beginning of the assessment the parents and assessor look through the school questionnaire and use the information provided to get an idea of what tests would be most appropriate for the assessment.

Photocopies of relevant information can be attached to save copying them onto the form.

Child's Full Name: _____

Child's Date of Birth: _____

Home
Address: _____

School name and address _____

Telephone Number _____

Class Teacher's Name _____

Year _____ Number in Class _____

Attendance: Regular/Irregular

Test Results

If available please give any test results taken in school:

Other Assessments

Has he/she seen any other professional such as an Educational Psychologist, Learning Support Teacher or Speech Therapist? Yes/No

If yes please give dates:

Is it expected that he/she will be referred for further assessment? Yes/No

Learning/Behaviour in the Classroom

Are there any specific aspects of this pupil's learning or behaviour about which you are concerned?

General Ability: in relation to age group in school

ABOVE AVERAGE/AVERAGE/BELOW AVERAGE/

Attainment: in relation to age group in school. Please give test results if known

OBSERVATION OR TEST RESULTS:

Reading-aloud	GOOD/AVERAGE/DIFFICULT
-comprehension	GOOD/AVERAGE/ DIFFICULT
Spelling	GOOD/AVERAGE/ DIFFICULT
Free writing	GOOD/AVERAGE/ DIFFICULT
Arithmetic	GOOD/AVERAGE/ DIFFICULT
Oral expression	GOOD/AVERAGE/ DIFFICULT
Coordination/dexterity	GOOD/AVERAGE/ DIFFICULT

Does this pupil have any special abilities or interests?

Special Needs Provision

Is this pupil on the register of special educational needs? Yes/No

Does he/she have an individual education plan or equivalent?
Yes/No

If yes please attach a copy

Please give details of any individual or small group support currently in place:

Working on: _____

Targets: _____

Times per Week: _____

Length of Sessions: _____

Group Size: _____

Approaches: _____

Please give details of any in-class or other support currently in place:

Date of next review:

Summary of School's Perspective

Signed: _____

Position _____

Date: _____

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