



CONFIDENTIAL SCHOOL QUESTIONNAIRE

Parent/Client: Please sign this form BEFORE you ask the teacher to complete it.

Student Name: _____ Year: _____

Teacher Name: _____ Date: _____

SPELD caters for children with dyslexia/specific learning disabilities. Our students often have extreme difficulty with activities such as reading, writing, spelling, organisation and mathematics. SPELD provides an in-depth analysis of their learning, their strengths and weaknesses and recommendations for an individual learning programme. We welcome ongoing liaison with the school, provided the parent/client gives written permission. We would appreciate your comments on the following:

Current education support eg Teacher Aide, Reading Recovery, RTLB, R.Lit			
Strengths that you have observed in the student			
Weaknesses that you have observed in the student			
BEHAVIOUR	Rarely	Sometimes	Frequently
<i>Attention and Impulse Control:</i> Does the student appear inattentive or impulsive?			
<i>Emotions and Behaviour:</i> Does the student appear unhappy or defiant more times than not during the day?			
<i>Self-Esteem:</i> Does the student appear to have a low opinion of self or of his/her school abilities?			
<i>Learning Environment:</i> Does the student have trouble following school rules?			
PROCESSING	Rarely	Sometimes	Frequently
<i>Visual Processing:</i> Does the student have difficulty reading or spelling irregular words?			
<i>Auditory Processing:</i> Does the student have difficulty using letter sounds when reading or spelling?			
<i>Motor Processing:</i> Does the student have difficulty forming letters or writing legibly?			



CONCEPTS		Rarely	Sometimes	Frequently
<i>Thinking with Language:</i> Does the student have trouble using or understanding language?				
<i>Thinking with Images:</i> Does the student have trouble working with designs, recognising patterns, or performing spatial tasks?				
<i>Thinking with Strategies:</i> Does the student have problems forming or following a plan?				
Reading Summary:				
Writing Summary:				
Maths Summary:				
Other Observations/ Concerns:				

Teacher's Signature: _____

Parent/Client Permission:

I give permission for the teacher to answer the above questions concerning my child

Parent/Client Signature: _____

Thank you very much for your assistance. Please return this form to the child's parent promptly.