



CHILDREN'S OCCUPATIONAL THERAPY AND PHYSIOTHERAPY  
IN THE NORTH EAST

www.enabletherapy.co.uk :: enquiries@enabletherapy.co.uk

## SCHOOL QUESTIONNAIRE

DATE:		SCHOOL:	
NAME OF CHILD:		DATE OF BIRTH:	
CLASS TEACHER:		AGE:	
HEAD TEACHER:		CLASS:	
LEARNING SUPPORT TEACHER (If involved):			
ANY <b>OTHER STAFF</b> INVOLVED WITH THIS CHILD:			

This child is to have a statement of special educational needs/already  
statemented? Yes  No

Please circle the appropriate number in relation to each area and add any  
relevant comments including additional help and equipment required/used.

Rating Scale: 1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent

<b>FINE MOTOR SKILLS:</b> e.g. manipulation, grasp, hand/eye co-ordination, scissors skills, hand used etc.	Rating:  1 2 3 4 5	<b>COMMENTS:</b>
<b>GROSS MOTOR SKILLS:</b> e.g. co-ordination, balance, ball skills, ability at PE and games, mobility around school etc.	Rating:  1 2 3 4 5	<b>COMMENTS:</b>
<b>GRAPHIC SKILLS:</b> e.g. hand writing and drawing, letter formation, writing, writing speed, pencil grasp and control, layout of work, copying skills etc.	Rating:  1 2 3 4 5	<b>COMMENTS:</b>

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<b>VISUAL PERCEPTION:</b> e.g. spatial awareness, visual memory, shape recognition and matching, reversal and inversions, visual tracking, copying from board etc.	Rating: 1 2 3 4 5	<b>COMMENTS:</b>
<b>SELF HELP SKILLS:</b> e.g. dressing, school meals, independence and organisation e.g. following a timetable etc.	Rating: 1 2 3 4 5	<b>COMMENTS:</b>
<b>BEHAVIOUR:</b> e.g. general behaviour, motivation, attention confidence, peer relations etc.	Rating: 1 2 3 4 5	<b>COMMENTS:</b>
<b>GENERAL ABILITY TO COPE WITH THE CURRICULUM:</b>	Rating: 1 2 3 4 5	<b>COMMENTS:</b>

Do you have any specific concerns regarding this child?

CLASSROOM SUPPORT:

Please specify e.g. equipment or extra staff time.

Is there *anything* else you would like us to know?

**Thank you for taking time to fill out this form.**