



## Teacher Questionnaire

This student has been referred for occupational therapy intervention, I would be grateful if you could provide me with information about this student's performance and participation at school. Some information you provide may be included in written report and discussion with parents.

Student's name: \_\_\_\_\_

Year level: \_\_\_\_\_

Teacher and school name: \_\_\_\_\_

Teacher email: \_\_\_\_\_

Please describe what this student excels at:

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Please describe areas that this student requires additional help in:

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List your major areas of concern:

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Describe student's capacity for attention, task persistence, problem solving and memory:

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Describe this students organisational skills: managing papers, books, school materials, personal possessions:

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Describe student's ability to participate in physical play, sports and games:

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Describe student's social skills, and capacity for friendships and group work:

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Describe student's ability to hold and use pen pencil for drawing and writing activities:

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Does this student receive any additional support services at school? Speech pathology, psychology, classroom assistance...

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Does this student have any adaptive functioning difficulties compared with peers, i.e. can s/he toilet independently, manage his/her lunchbox, drinks and meals, dress self after swimming.

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Do you suspect that this student has sensory processing difficulties? Please describe.

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Does this student have behavioural difficulties and/or is on a Behaviour Management Plan? If yes please advise:

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Thank you so much for your valuable input. I suggest that you keep a copy for the students school file.

Please return to OTW via email, mail or fax to:

[info@otwhitsunday.com.au](mailto:info@otwhitsunday.com.au)

Fax: 4948 3868

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Tina Hamilton

Principal Occupational Therapist

