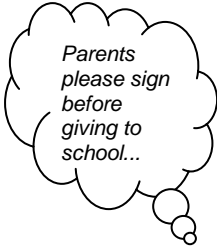


Paediatric Psychological Assessment School Questionnaire

Name of Student: _____ D.O.B. _____
Current School: _____ Grade: _____
Class / Year Teacher(s): _____
Contact E-mail Address: _____



Consent to Release & Exchange Personal Information:

Being the legal guardians of _____ I / we give consent for JBCP and my child's school to release and exchange information regarding my child's educational, behavioural and psychological development.

Printed Name: _____ Signature: _____

Relationship to Child: _____ Date: _____

Section A) BACKGROUND INFORMATION *(To be completed by staff member with knowledge of previous school-based assessments & interventions)*

Have previous educational assessments been conducted for this student? Y N

If YES, provide details (attach reports if available):

Is the school currently providing any remediation / intervention for this student? Y N

If YES, provide details:

Section B) ACADEMIC & BEHAVIOURAL OBSERVATIONS *(To be completed by class teachers)*

Briefly comment on this students *academic strengths and weaknesses* in relation to their peers. Cover KLA's such as Numeracy, Reading, Spelling, & Comprehension.

Briefly comment on language & written / verbal communication skills:

Briefly comment on your observation of this students *behavioural patterns*:

Concentration (ability to focus attention & sustain effort for sufficient periods of time).

Working Memory (ability to hear, retain and carry out instructions)

Compliance (willingness to follow directions and respond to correction).

How does this student interact socially (with peers & teachers)?

Have you observed any *psychological concerns* with respect to this child (such as anxiety, depression, poor social skills, low self esteem, conduct problems, unusual behaviours, etc.)?

Miscellaneous: Please feel free to make any other observations about this student you feel are pertinent to their current academic, social and psychological development:

Completed by: _____	Signature: _____
Staff Position: _____	Date: _____
Phone Contact: (w) _____	(m) _____

→ *Dear Teacher, you can return this form via the parent, or if preferred, send directly to JBCP at the address below. We may include your observations in the child's diagnostic report (if appropriate).*