

School Assessment Questionnaire

STRICTLY CONFIDENTIAL



Midland Partnership NHS Foundation
Trust

SCHOOL ASSESSMENT QUESTIONNAIRE

STRICTLY CONFIDENTIAL

Child's Name:

Date of Birth:

Class Teacher:

School Name:

Child is in Year:

EHC Plan? (since when?)

The answers to these questions form part of the diagnostic procedure for the child and are therefore very important. Please send this form back as soon as possible to the following address:

Children and Families Single Point of Access
Anglesey House
Wheelhouse Road
Rugeley
Staffordshire
WS15 1UL

Or via email: cafspa@mpft.nhs.uk

Please comment on these specific themes and where needed mark a score on the line

1. The child's ability to communicate and interact in social situations

Group play with peers

None/isolated 010 Enjoy/participates

In particular please comment on the child's social skills, relationships with peers in play, reciprocity in communication, eye contact during interaction, taking things very literally.

2. Please comment on the child's ability to express emotions in a regulated manner - for instance are their reactions and frustrations measured and appropriate or excessive and out of control

Comments:

3. The child's ability to recognise the emotional state of other, for instance 'read' facial expressions, show appropriate concern when others are upset.

Empathic to others feelings

Not at all 010 Very responsive

Comments:

4. The child's ability to form and maintain friendships

Interest in other children

None at all 0 10 Very interested

Friendship with one or more children

Lone 0 10 Several close friends

Comments:

5. Ability for the child to cope with unplanned changes in the environment, such as a new teacher or unexpected visitors to the classroom or equipment being unavailable.

Comments:

6. Please comment on any repetitive or obsessive behaviours

Comments:

7. Does the child have any unusual interests that make the child stand out from their peers?

Comments:

8. The child's ability to work well in the classroom, such as turn taking, raising hand to answer and listening to questions.

Comments:

9. How does the child manage transitions between activities. E.g. lesson into playtime; dinner into playground; assembly into lesson.

In particular please comment on, waiting for instructions/permission to leave, or waiting in line, running ahead of others, or dawdling/getting distracted.

10. Ability to sustain attention on tasks without getting distracted

Comments:

11. Ability to sit still in lessons without leaving their seat or excessive fidgeting

Comments:

12. Any evidence of risk taking or impulsive behaviours

Comments:

In comparison with his/her peers, how is the child getting on in terms of: (please tick appropriate box)

	Well below average	Below average	Average	Above average	Well above average
Achieving their potential					
General level of attainment					
Ability in reading					
Ability in writing					
Ability in numeracy					

13. Has this child received any extra help and if so what does this entail and has it helped?
Please detail any strategies that have been used and whether they were successful. If the child is on a school support plan, please enclose a copy of this and the most recent review with this form.

Comments:

Are there any other comments you would like to share?

Completed by:

Date:

Job Title:

Many thanks for completing this form and returning on a timely basis.