

EDUCATOR QUESTIONNAIRE | ASD & ADHD ASSESSMENT



**SA PAEDIATRICS
AND NEWBORNS**

We will be meeting with one of your students in the near future for an assessment.
To assist with the assessment process can you please complete the questions
below (PLEASE TYPE ANSWERS) and return completed
questionnaires to assessments@sapan.health

Child Details

Name: _____

Date of birth: _____ Current age: _____ Gender: _____

Name of current school/education setting (childcare, kindergarten, Montessori): _____

Year level: _____

Respondent Details

Name (person completing form): _____

Date questionnaire was completed: _____ How long have you known this child: _____

Are you happy to be contacted with the parent's permission: No/Yes (provide contact details)

Mobile Number: _____ Email address: _____

BACKGROUND INFORMATION

Main concerns for the child: _____

Child's strengths and preferred activities: _____

Academic Skills

Describe the child's academic strengths and areas of difficulty:

Reading: _____

Writing: _____

Comprehension: _____

Mathematics: _____

Other specific skills of concern: _____

Achievement Standard and current test data:

Achievement standard: _____

Current test data (eg NAPLAN, PATM, PATR): _____

Grade working towards/being assessed at: _____

Attention and Concentration

Describe the child's ability to focus and attend to tasks

In the classroom: _____

In the playground: _____

Any concerns about distraction: _____

Intervention

Detail the interventions provided (Wave 1, Wave 2, Wave 3):

Frequency: _____

Duration: _____

Progress and pre/post invention data: _____

Have these interventions been successful? Why or why not? _____

Classroom accommodations and differentiation

What accommodations are provided in class? _____

How is work differentiated for the child? _____

Social Skills

Describe the child's social skills:

Ability to share, take turns, manage conflict: _____

Friendship group or play alone/parallel play: _____

Emotional Regulation

Describe the child's ability to regulate their emotions:

Time taken to regulate: _____

Need for adult support: _____

Concerns regarding internalising or externalising behaviours: _____

Language and Communication

Briefly describe the child's language and communication skills:

Ability to engage in back and forth conversation: _____

Literal interpretation of language: _____

Use of monologues of language: _____

Awareness of others' feelings and use of empathy: _____

Shows empathy and offers comfort: _____

Eye contact, gestures and facial expressions

Eye contact: _____

Use of gestures: _____

Varied facial expressions: _____

Peer Interaction and play skills

Describe the child's interaction with peers and teachers:

Play skills (interactive, parallel, isolated play): _____

Overly bossy/directive or submissive in play: _____

Repetitive behaviours or movements: _____

Unusual styles of communication (eg humming, loud speech): _____

Reaction to change and coping with relief teachers

Difficulties with change or specific routines: _____

Coping with relief teachers: _____

Sensory behaviours and preoccupations

Sensory behaviours (eg seeks/avoids touch, sensitive to sounds)

Touch: _____

Smelling: _____

Visual Behaviours: _____

Sensitivity to sounds: _____

Preoccupations or obsessions with certain objects/topics: _____

Additional insights

Any other relevant information: _____

Thank you for providing this valuable information.