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Teacher Questionnaire

We recommend that you have your child's teacher complete this questionnaire before your child's first appointment with their psychologist.

Child's Information

Child's Name:

Age:

Gender:

Teacher's Name:

Teacher Email Address:

Grade and Class:

Name of School:

Date completed:

Presenting Problem

Briefly describe the student's current difficulties or concerns:

When did you first notice these concerns?

What seems to help the problem?

What seems to make the problem worse?

Has the student been evaluated or treated for the current problem or difficulties?

Has the student been absent or had any significant breaks in learning since they started school?

Checklist

Directions: Please place a checkmark next to each item that accurately describes the student. If you can't evaluate an item, please write a question mark next to the item. Please provide any additional information at the end of this questionnaire that you have concerns about.

Cognitive/Attention and Academic

<input type="checkbox"/>	Has poor short term memory	<input type="checkbox"/>	Has difficulty with decoding words
<input type="checkbox"/>	Has limited attention span	<input type="checkbox"/>	Has difficulty with reading comprehension
<input type="checkbox"/>	Is easily distracted	<input type="checkbox"/>	Has difficulty with spelling
<input type="checkbox"/>	Learns very slowly	<input type="checkbox"/>	Has speech and language difficulties
<input type="checkbox"/>	Has difficulty staying focused	<input type="checkbox"/>	Has poor spelling
<input type="checkbox"/>	Has difficulty following instructions	<input type="checkbox"/>	Has learning difficulties (please provide additional information)
<input type="checkbox"/>	Has difficulty sitting still	<input type="checkbox"/>	Has difficulty with writing
<input type="checkbox"/>			

Behavioural Concerns

<input type="checkbox"/>	Avoids doing work in class	<input type="checkbox"/>	Gets in trouble for talking too much
<input type="checkbox"/>	Is disruptive in class	<input type="checkbox"/>	Blurts out answers in class, interrupts others frequently
<input type="checkbox"/>	Has frequent arguments with other students or teachers	<input type="checkbox"/>	Shows disruptive behaviour
<input type="checkbox"/>	Is Impulsive	<input type="checkbox"/>	Has difficulty sitting still
<input type="checkbox"/>	Has difficulty transitioning between	<input type="checkbox"/>	Fidgets often

<input type="checkbox"/>	Has difficulty following instructions	<input type="checkbox"/>	Hurts other children in class or during break time.
<input type="checkbox"/>	Has difficulty sitting still	<input type="checkbox"/>	Is physically aggressive with others
<input type="checkbox"/>	Refuses to do school work	<input type="checkbox"/>	Self Harms while at school
<input type="checkbox"/>	Has difficulty with changes to routine	<input type="checkbox"/>	Insists on doing things a certain way
<input type="checkbox"/>	Has difficulty with organisational skills	<input type="checkbox"/>	Has difficulty with getting started on tasks
<input type="checkbox"/>	Engages in repetitive behaviours, flapping, spinning, lining things up	<input type="checkbox"/>	Is repetitive with speech
<input type="checkbox"/>	Does not seem to listen when spoken to directly	<input type="checkbox"/>	Often loses things

Social Behaviour

<input type="checkbox"/>	Has difficulty with sharing	<input type="checkbox"/>	Fights with peers often
<input type="checkbox"/>	Blames others for problems	<input type="checkbox"/>	Does not join in with others
<input type="checkbox"/>	Has frequent fights with friends or classmates	<input type="checkbox"/>	Does not get along with other children
<input type="checkbox"/>	Does not respond to the approaches of other children	<input type="checkbox"/>	Has difficulty taking turns
<input type="checkbox"/>	Does not enjoy group activities	<input type="checkbox"/>	Does not show concern for other people's feelings and property.
<input type="checkbox"/>	Bullies other children	<input type="checkbox"/>	Is rigid and things need to happen as expected.
<input type="checkbox"/>	Is well liked by others	<input type="checkbox"/>	Has one good friend
<input type="checkbox"/>	Is able to make friends	<input type="checkbox"/>	Maintains friends

Emotional Concerns

<input type="checkbox"/>	Has separation anxiety	<input type="checkbox"/>	Worries a lot
<input type="checkbox"/>	Cries in class frequently when a mistake is made	<input type="checkbox"/>	Is easily frustrated with work tasks
<input type="checkbox"/>	Shows anger quickly	<input type="checkbox"/>	Is shy
<input type="checkbox"/>	Is easily annoyed by others	<input type="checkbox"/>	Has mood swings
<input type="checkbox"/>	Is self critical	<input type="checkbox"/>	Become dysregulated in class frequently
<input type="checkbox"/>	Has difficulty with calming down	<input type="checkbox"/>	Is upset with changes to routine

Strengths

What are the student's strengths and what do they enjoy doing?

Additional Information

Do you have any further concerns or suggestions regarding the student?

Has the school or teacher met with the parents to discuss these concerns?

Thank you for completing this form. Please note that the information provided will be shared with the parent or guardian of the child.