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| **Teacher Questionnaire - Completed by:**  |
| **Pupil:** |  | **DoB:**  |  | **Date:** |  |
| **Class:** |  |  |  |
| **Class Teacher:** |  | **Attendance %:** |  |
| **Teacher Assessment: Reading: Writing: Maths:** |

Tick areas of concern (tick ALL that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| Phonics | \_\_\_\_\_ | Sound production  | \_\_\_\_\_ |
| Sight word recognition | \_\_\_\_\_ | Following spoken instructions  | \_\_\_\_\_ |
| Reading – accuracy | \_\_\_\_\_ | Following written instructions  | \_\_\_\_\_ |
| Reading – comprehension | \_\_\_\_\_ | Expressive language  | \_\_\_\_\_ |
| Letter formation  | \_\_\_\_\_ | Listening skills  | \_\_\_\_\_ |
| Presentation  | \_\_\_\_\_ | Attend span  | \_\_\_\_\_ |
| Page Layout  | \_\_\_\_\_ | Distracting others  | \_\_\_\_\_ |
| Spelling  | \_\_\_\_\_ | Organisation  | \_\_\_\_\_ |
| Sentence writing  | \_\_\_\_\_ | Homework  | \_\_\_\_\_ |
| Writing organisation  | \_\_\_\_\_ | Left/ Right confusion  | \_\_\_\_\_ |
| Number formation  | \_\_\_\_\_ | Fine Motor skills  | \_\_\_\_\_ |
| Number bonds  | \_\_\_\_\_ | Gross Motor skills  | \_\_\_\_\_ |
| Times Tables  | \_\_\_\_\_ |  |  |
| Shape, space, measure  | \_\_\_\_\_ | Social skills/ peer relationships | \_\_\_\_\_ |

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| **Strategies used (Dates - from-to)** | **What did you do?** | **What was the impact?** |
|  |  |  |
| COMMENTS/NOTES: |