



Teacher Questionnaire/Screening Form:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date \_\_\_\_\_

Teacher: \_\_\_\_\_ Class: \_\_\_\_\_

School: \_\_\_\_\_

Any identified Resource or Learning Support needs:

\_\_\_\_\_

Comparatively, what are this child's:

Strengths:

Areas of Need:

Please check **only** those items that are **persistent** and interfere with the child's performance to learn or meet educational goals and objectives.

Classroom Performance

- Requires more prompting than other students the same age (Explain in comment section)
- Does not finish activities
- Has trouble putting things away
- Easily distracted
- Difficulty following directions
- Poor attention to task/teacher
- Behaviour impacts on ability to learn

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Movement Skills

Compared with his/her peers do they have difficulty with any of the following

- Walking
- Running
- Jumping/hopping/skipping
- Ball games (throw & catch)
- Gets tired easily

Writing /Visual Motor / Visual Perceptual

- Has trouble turning objects to fit (puzzles, putting items away, etc)
- Has problem sorting or matching
- Has trouble copying designs (building blocks, copying from board, writing letters)

- Has an unusual grip on pencils, etc.
- Makes letters, numbers, shapes that are not recognizable
- Has trouble with excessive size when writing
- Can not space letters and words correctly
- Writes letters, numbers backward
- Can not trace over lines
- Exhibits hand tremor when writing
- Changes hands for fine motor task
- Difficulty using both sides of body together (opening containers, using scissors, skipping, clapping to a rhythm, etc)
- Frequently drops objects or grasps objects too tight

Comments

---



---



---

### School Related Self Care

- Toilet training or bathroom use (requires more support than peers)
- Manipulation of fasteners (coat, shoes, backpack, etc)

Comments

---



---



---

### Social / Sensory Concerns

- Poor eye contact
- Invades space of others
- Seldom interacts/plays with peers
- Becomes angry for no apparent reason
- Has difficulty expressing wants/needs
- Dislikes trying new or unfamiliar activity
- Becomes upset with change in routine
- Has specific toy/equipment preferences and refuses substitutes
- Engages in excessive activity which seems purposeless, restless, undirected
- Overactive (excessive movement)
- Has self-stimulatory or self-abusive behaviors
- Can not stand in middle of line
- Excessively seeks materials that provide a sensation-Circle (tactile, auditory, oral, movement, etc)
- Frequently out of chair
- Kneels/tips back/falls out of chair
- Frequently lays head on desk or props head in hands
- Circle-Likes/dislikes swinging
- Very passive
- Will not hold onto tools (crayons, pencils, utensils, scissors)
- Looks peripherally at objects

Please return to [theskidmoreclinic@gmail.com](mailto:theskidmoreclinic@gmail.com)

Or

The Skidmore Clinic, Unit 2, First Floor,  
Carrigtwohill Shopping & Business Centre, Main  
Street, Carrigtwohill, Co. Cork