

APD TEACHER QUESTIONNAIRE

Student's Surname: _____ Given Names: _____

Age: _____

Gender: Male Female Other

Year: _____ School: _____

Name of person(s) completing this questionnaire: _____

Teacher/School contact e-mail: _____

Does the student receive special assistance at school e.g. speech therapy, special education, NEP? If yes please identify.

*This questionnaire is to determine the student's general performance in the classroom when compared to their peers.
Please rate the student on the consistency of their performance over time by circling the appropriate number.*

EDUCATION

Compare the student's academic performance to others in the class for the following subjects...

	Below Average	Average	Above Average		
<i>Reading</i>	1	2	3	4	5
<i>Maths</i>	1	2	3	4	5
<i>Spelling</i>	1	2	3	4	5
<i>Writing i.e. written expression</i>	1	2	3	4	5
<i>Art</i>	1	2	3	4	5
<i>Music</i>	1	2	3	4	5
<i>Sport</i>	1	2	3	4	5

Rate the student's confidence in his/her own academic abilities

1 2 3 4 5

Please indicate any of the following that describe the student in comparison to other students in the class

Difficulty developing reading strategies e.g. sounding out new words Yes No

Difficulty reading aloud Yes No

Difficulty comprehending written text/stories Yes No

Reverses letters in written work e.g. /b/ becomes /d/ Yes No

Has difficulty maintaining attention to individual tasks for an appropriate duration of time Yes No

BEHAVIOUR

In comparison to others in the class, does the student...

	Never	Sometimes	Often	Always
<i>Commence new tasks readily?</i>	1	2	3	4
Demonstrate the following behaviours:				
<i>Generally completes tasks</i>	1	2	3	4
<i>Attempts to figure out meaning</i>	1	2	3	4
<i>Asks another student for assistance</i>	1	2	3	4
<i>Asks the teacher for more information when unsure</i>	1	2	3	4
<i>Participate well in most tasks, activities and social Situations</i>	1	2	3	4

Please comment on the student's social behaviour

Does the student demonstrate the following behaviours?

	Never	Sometimes	Often	Always
<i>Shows confusion</i>	1	2	3	4
<i>Shows fatigue</i>	1	2	3	4
<i>Shows anxiety</i>	1	2	3	4
<i>Is impulsive</i>	1	2	3	4
<i>Works well independently</i>	1	2	3	4
<i>Works well in groups</i>	1	2	3	4

Please indicate if any of the following apply to the student:

<i>Is successful in relating to peers</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Is clumsy</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Is disorganised</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Has a short attention span</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Is always on the go</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please comment if any of the above are relevant

SPEECH AND LANGUAGE

In comparison to others in the class, does the student...

	Never	Sometimes	Often	Always
<i>Express herself/himself easily?</i>	1	2	3	4
<i>Contribute to discussions in the class?</i>	1	2	3	4
<i>Successfully retell an incident or a joke?</i>	1	2	3	4
<i>Respond to questions without undue hesitation?</i>	1	2	3	4
<i>Respond appropriately to questions after a story?</i>	1	2	3	4
<i>Follow instructions well, i.e. appropriate order?</i>	1	2	3	4
<i>Pronounce new words accurately?</i>	1	2	3	4
<i>Have good articulation i.e. of speech sounds?</i>	1	2	3	4
<i>Relate what is heard to what is seen?</i>	1	2	3	4
<i>Forget what is said in a matter of minutes?</i>	1	2	3	4

Please comment if any of the above are relevant

MEMORY

In comparison to others in the class does the student demonstrate the ability to...

	Never	Sometimes	Often	Always
<i>Retell stories/relate events</i>	1	2	3	4
<i>Learn and retain new vocabulary</i>	1	2	3	4
<i>Rehearse information i.e. says aloud to self</i>	1	2	3	4

LISTENING/ATTENDING

Please indicate if any of the following describes the student

<i>Complains of sounds being too loud e.g. classroom noise, class activities and speech</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Is easily distracted by other sounds in the classroom environment</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Does not appear to listen from the start</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Does not attend to spoken discussions</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Day dreams and attention drifts away</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please comment if any of the above are relevant

COMPREHENSION

Please indicate if any of the following describes the student

- Understands what is said one to one* Yes No
- Understands what is said in a group* Yes No
- Looks uncertain following auditory information/instructions* Yes No
- Requires shorter messages/instructions* Yes No
- Requires repetition of instructions* Yes No
- Is able to carry out tasks when you slow down your speech* Yes No
- Does not always realise when he/she is not understanding something* Yes No

Please comment if any if the above are relevant

GENERAL INFORMATION

Do you think the student performs to his/her ability? Yes No

Please comment

What do you see to be the student's strengths?

What concerns you most about the student?

Would you like to be contacted to discuss the student's report and recommendations? Yes No

Teacher: _____

(Please print)

(Signature)

(Date)

Disclosure of Information:

Please be aware that the contents of this questionnaire will be shared with the parent(s)/guardian(s) who have requested the present APD assessment be conducted.