



Office Use Only

Appointment Date: \_\_\_\_\_  
 Surname of child: \_\_\_\_\_  
 First Name of child: \_\_\_\_\_  
 Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Sex: Male  Female

**APD TEACHER QUESTIONNAIRE**

Student's Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: Male  Female   
 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	
	1	2	3	4	5
<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

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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:

*Is successful in relating to peers* Yes  No

*Is clumsy* Yes  No

Is disorganised Yes  No

Has a short attention span Yes  No

Is always on the go Yes  No

Please comment if any of the above are relevant

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### **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

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### **MEMORY**

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

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

### LISTENING/ATTENDING

Please indicate if any of the following describes the student:

Complains of sounds being too loud e.g. classroom noise, class activities and speech      Yes       No

Is easily distracted by other sounds in the classroom environment      Yes       No

Does not appear to listen from the start      Yes       No

Does not attend to spoken discussions      Yes       No

Day dreams and attention drifts away      Yes       No

Please comment if any of the above are relevant

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### 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

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### GENERAL INFORMATION

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

Please comment

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

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What concerns you most about the student?

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

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

(Please print)

(Signature)

(Date)