**Primary School Questionnaire**

**Background Information** To be completed by **Class Teacher** (with Senco if necessary.

**Pupil’s name:**  D.O.B:

**School:**  School Tel no:

**Year:**  Date of entry:

**Class teacher:**  **SENCO:**

Other professionals involved:

**Results of recent assessments and SATs (Please include dates and scores where possible)**

**History of Support and Intervention:**

**Please attach most recent IEP and School Report if available:**

School’s impression of the student and their general attitude:

Pupil’s Strengths:

Pupil’s Weaknesses:

Reading:

Reluctance to read, visual discomfort:

Comprehension:

Spelling:

Writing & copying skills:

Processing:

Memory:

Numeracy:

Language difficulties, word finding, slow to respond:

Difficulties with Concentration, Attention and Focus:

Following instructions (more than 2 in sequence):

Fine motor (handwriting/pencil grip):

Gross motor skills (clumsy/co-ordination, L/R confusion, spatial awareness):

Sequencing (alphabet, days of week, tables):

Behaviour:

Self-esteem/self-confidence:

Inappropriate/Disruptive behaviour:

Special interests and attributes:

Any other comments:

**Name and position of person completing this form on behalf of the School staff:**

**Date completed:**  **Thank you for your time.**

**Please e-mail this to me or return to Parent. tdaviestutors@gmail.com**