

# The Family Psychologist



## Pre-Assessment School Questionnaire

We value the knowledge and experience you have of the student we have been asked to assess and would therefore appreciate your co-operation in completing the following questionnaire. Please attach any other information or previous tests that may impact the assessments results. Thank you for your time.

### 1. Student Information

Name of student .....

Date of Birth .....

Age .....

Address of School .....

.....

School Phone Number .....

Teacher Name (s) .....

Point of Contact Name .....

Point of Contact Email .....

Year Group: ..... Number in Group: ..... Attendance Level: .....

Does this child have any special requirements for accessing an appointment? For example; wheelchair access, ground floor appointment room.

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### 2. National Curriculum Levels

If available please give current attainment levels and results of most recent SATs (if appropriate)

Subject	Teachers Assessment	SATs	Set/Group or Position	Comments
English				

Speaking/ Listening				
Reading				
Writing				
Maths				
Science				
Others				

**3. Other Assessments**

Has the pupil seen an Educational Psychologist, or any other professional: **YES / NO**  
*(If yes, please supply their name and the date)*

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Has the pupil been tested for dyslexia or had any form of cognitive assessment? **YES / NO**  
*(Please detail the tests used and the findings, and attached a copy of the original tests where available)*

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**4. Learning & Behaviour (from the class teacher's perspective)**

Are there any specific aspects of this pupil's behaviour that concerns you?

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Are there any specific aspects of this pupil's learning that concerns you?

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Please tick as you feel most appropriate:

**Behaviour**

Aggressive, Anxious, Over active, Normal, Timid, Friendly, Dis-organised, Responsive, Withdrawn, Oversensitive, Assertive, Attention Seeking, Co-operative, Passive,  
Other.....

**Attitude Towards Adults**

Apprehensive, Aggressive, Obedient, Normal, Resentful, Submissive, Calm, Awkward  
Other.....

**Attitude Towards Work**

Seeks approval, Enthusiastic, Distractible, Competent, Slow, Not Interested, Self Motivated  
Other.....

**Attitude Towards Others**

Friendly, Popular, Prefers older pupils, Prefers younger pupils, Withdrawn, Talkative, Dominant, Aggressive, Submissive, Normal, Doesn't make friends easily, Well mannered  
Other.....

**Other comments or observations:**

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**5. Current Educational Provisions: (if yes please indicate level)**

Access Arrangements for Examinations                      **Yes / No** .....

SEN Support    **Yes / No** .....

EHC Plan / Statement    **Yes / No** .....  
*(If yes, please indicate date of next planned review)*

Do they have an IEP/Provision Map                      **Yes / No** .....

If yes please attach a copy of the plan or any other relevant documentation.

Please give details of any in-class or other support in place:

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**6. Any other information from the schools perspective?**

Please attach any relevant information and documentation.

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**THANK YOU FOR YOUR ASSISTANCE**

Date:	.....
Name / Position:	.....
Signed:	.....

**Please keep a copy and return the completed form to:**

The Family Psychologist Ltd  
11 Church Street, Kidderminster  
DY10 2AH

**Or fax it to: 01562 61 00 16**