



CHILD'S NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PSYCHOLOGIST: \_\_\_\_\_

TEACHER: \_\_\_\_\_

This checklist is to be completed by the school psychologist, preferably in consultation with the classroom teacher. Please answer all the questions to the best of your abilities. Answering them will in no way disadvantage the child in being considered for a place at a Language Development Centre. It ensures that the placement panel of each Language Development Centre is prepared for any difficulties that may arise.

**Never   Rarely   Sometimes   Always**

1. Does this child cope with changes in classroom routine or structure?  
e.g. incursions, relief teachers
2. Are they able to sit for long periods at a school desk and work on tasks given?
3. Does this child understand most of the instructions given to them?
4. Do they try to follow instructions the first time?
5. Does this child interact with other children when involved in the following activities?
  - a. Initiating play/activities
  - b. Accepting others into their play
  - c. Sharing play materials with others
  - d. Taking turns in games
  - e. Sharing of playground equipment
6. Does this child choose to play on their own?  
  
Do other children seek out this child for interactive play?
8. Have there been any incidents of the child hitting or hurting –
  - a. Other children
  - b. Adults
 If yes, please comment:

YES	NO
YES	NO

9. Does this child have a limited range of interests, topics and play choices?
 

YES	NO
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