



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 knowledge and complete the comments sections. Please attach a copy of the child's most recent school report. If a student has required a Behaviour Management Plan and/or an Individual Education Plan, please attach these documents.

Most recent SCHOOL REPORT is attached

BEHAVIOUR MANAGEMENT PLAN is attached

INDIVIDUAL EDUCATION PLAN is attached

		<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Always</u>
1.	Does this child cope with changes in classroom routine or structure? e.g. incursions, relief teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are they able to sit for long periods at a school desk and work on tasks given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does this child understand most of the instructions given to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do they try to follow instructions the first time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does this child interact with other children when involved in the following activities?				
a.	Initiating play/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Accepting others into their play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Sharing play materials with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Taking turns in games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Sharing of playground equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does this child choose to play on their own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do other children seek out this child for interactive play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have there been any incidents of the child hitting or hurting:				
a.	Other children	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
b.	Adults	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	If yes, please comment:				
9.	Does this child have a limited range of interests, topics and play choices?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

10. Please comment on some of the child's interests or play choices.

11. Does the child have any non-functional ritualised or routine behaviours?

12. Has this child ever needed to have an individual behaviour plan? What were the target behaviours?

13. Please comment on how well this child responds to consequences that are put in place for inappropriate behaviour. (Has a change been observed?)

14. Are there any other issues or information you would like to add about this child?

Thank you for your valuable information