

# Understanding the Child - Assessment Tool

## Nursery / School Questionnaire

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| --- | --- |
| **Name of child:** |  |
| **Child’s Date of birth:** |  |
| **Date questionnaire completed:** |  |
| **Name of Nursery/School/or setting:** |  |
| **Person completing this form and role:** |  |
| **Date the child started to attend this setting:** |  |
| **End date (if applicable):** |  |

Thank you for taking time to fill in this form. Learning about the child’s time with you will help provide and idea on how the child’s past experiences have impacted upon him or her and what support they may need in the future.

Please complete the below questions as best you can. There are a lot of questions but each one gives us a more detailed insight into the individual world of the child. If you are unsure about any answers, just add that comment in the details box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Behaviour** | **Often** | **Sometimes** | **Never** | **Comments and examples** |
| Usually in a positive mood |  |  |  |  |
| Excessively dependent on the teacher, assistant or other adults |  |  |  |  |
| Comes to the setting willingly |  |  |  |  |
| Shows capacity to empathise with others |  |  |  |  |
| Has a positive relationship with one or two peers; shows they care about them and misses them if absent etc |  |  |  |  |
| Shows humour |  |  |  |  |
| Appears lonely |  |  |  |  |
| Approaches others positively |  |  |  |  |
| Easily intimidated |  |  |  |  |
| Takes turns fairly easily |  |  |  |  |
| Expresses wishes and preferences clearly; gives reasons for actions |  |  |  |  |
| Expresses frustrations and anger appropriately |  |  |  |  |
| Harms others or property |  |  |  |  |
| Shows interest in others |  |  |  |  |
| Accepted and welcomed by other children |  |  |  |  |
| Invited by other children to join them in play |  |  |  |  |
| Interacts non-verbally with other children with smiles, waves, nods etc. |  |  |  |  |
| Seeks attention from others |  |  |  |  |
| Willing to try out new tasks and activities |  |  |  |  |
| Can concentrate for a period of time on one activity |  |  |  |  |
| Experiences bullying from others |  |  |  |  |
| Shows bullying behaviour towards others |  |  |  |  |
| Restless, fidgety, moves about the classroom lots |  |  |  |  |
| Disruptive in class |  |  |  |  |
| Appears slowed down, unresponsive |  |  |  |  |
| Copes well with failure |  |  |  |  |

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| What first comes to mind when you think about this child? |
|  |
| What activities do they enjoy most? |
|  |
| Child’s favourite things (e.g. songs, foods, toys) |
|  |
| Anything the Child dislikes? |
|  |
| Any special memories or messages that you think the child might like to know in the future? |
|  |

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| --- | --- |
| **Name of person completing the form:** |  |
| **Date:** |  |
| **Signature:** |  |