

NDS Teacher Observation Questionnaire

Please complete this questionnaire in full and in as much detail as possible with someone in the setting that knows the child / young person well.

CHILD'S NAME			DATE OF BIRTH (DD/DD/YYYY)	/ /
ADDRESS				
	POST CODE:			
SCHOOL				
YEAR GROUP		HOW LONG HAVE YOU KNOWN THIS CHILD?		
ACADEMIC ATTAINMENT (WHICH SPECIFIC AGE RANGE ARE THEY WORKING TOWARDS?)				
KEY STAGE 1 & 2		KEY STAGE 3 & 4		
Maths:		English		
English Reading		Maths		
English Writing		Science		
Other subjects		Other subjects		
Has the child / young person got an Individualised Education Program (IEP) in place? <input type="checkbox"/> Yes – please attach the report to this form when returning. <input type="checkbox"/> No				
Has the child / young person been seen by a Specialist Learning Support Teacher? <input type="checkbox"/> Yes – please attach the report to this form when returning. <input type="checkbox"/> No				
Has the child / young person been seen by an Educational Psychologist? <input type="checkbox"/> Yes – please attach the report to this form when returning. <input type="checkbox"/> No				
Has the child / young person been seen by any other professional? <input type="checkbox"/> Yes, by: _____ Please attach the report to this form when returning. <input type="checkbox"/> No				
Please include any additional support the child / young person may receive within the classroom (For example, 1:1 support, access to a learning hub, learning breaks, shortened school day, differentiated learning etc).				

How does the support provided impact on the child / young person's ability to access the curriculum and school setting? (For example, 1:1 support helps them to access a maths lesson, access to a learning hub helps them to access the school environment).

Does the child / young person experience any health-related needs which you feel may impact on classroom learning? (This includes physical and mental health e.g., any co-ordination difficulties, tics, hearing, anxiety).

Please describe the child / young person's apparent level of self-esteem:

Do their emotional responses seem appropriate to the context? (E.g., being asked to complete a curriculum-related task, a perceived injustice).

PLEASE GIVE EXAMPLES & COMMENTS FOR EACH QUESTION IN THE SPACE PROVIDED

SOCIAL COMMUNICATION SKILLS

1. Does the child / young person have any language difficulties (including difficulties with understanding, putting ideas together in a logical, sequenced way, not talking at all in certain situations etc)?

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2. Does the child / young person use any copied language (For example, copying scripts from a TV show, copying someone else's words)?

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3. Does the child / young person refer to themselves using their own name?

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4. Does the child / young person use any unusual vocabulary for his/her age? Does their language ever sound too informal or formal?

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5. Are they able to tell you when they are frustrated? If not, what do they do (e.g., walk out of the class, withdraw, throw equipment etc).

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6. Does the child / young person talk mainly about his/her own specific topics of interest?

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ANY ADDITIONAL COMMENTS REGARDING COMMUNICATION SKILLS:

SOCIAL INTERACTION (Child's relationships with other people to include staff and peers, and skills in interacting with them).

1. Does the child/young person have any difficulties with joining in with group play / or show inappropriate attempts at join in (including aggressive/disruptive behaviour and difficulties with collaborative activities)?

2. Does the child/young person have a lack of awareness of the classroom norms (e.g., criticising teachers, unwillingness to co-operate in classroom activities)?

3. Does the child/young person become over-whelmed in social situations (e.g., a large classroom environment, assembly, playground)? How do they respond in these times?

4. What are the child / young person's relationships like with staff members?

5. How does the child/young person react to people being in his/her personal space?

6. Does the child / young person show differences with their understanding/use of non-verbal communication (e.g., eye contact, facial expressions, gestures, tone of voice)?

ANY ADDITIONAL COMMENTS REGARDING SOCIAL INTERACTION SKILLS:

FLEXIBLE BEHAVIOUR (to include repetitive behaviours, need for routines and obsessions and imagination)

1. Does the child/young person have difficulties with imagination or creativity (e.g., lack of flexibility of play, difficulties with creative writing etc)?

2. Does the child/young person have difficulties managing unstructured places such as breaktimes?

3. Does the child/young person have any difficulties with managing 'change' (e.g., supply teachers, school celebrations, trips)?

<p>4. How does the child / young person react to timed activities, being rushed to complete a task, or when they have to leave a task unfinished?</p>
<p>4. Do you ever see the child / young person show any repetitive movements, words or phrases (For example, tapping, spinning, walking back and forth, rocking back and forth).</p>
<p>5. Does the child / young person have any particular interests are appear abnormal in intensity or focus?</p>
<p>6. Does the child/young person have any unusual responses to sensory stimuli e.g., loud noises, smells, light and reflections etc?</p>
<p>ADDITIONAL COMMENTS REGARDING: FLEXIBLE BEHAVIOUR/OBSESSIVE BEHAVIOUR AND IMAGINATION:</p>
<p>HYPERACTIVE / IMPULSIVE BEHAVIOUR (the child's level of activity and ability to manage in a classroom setting)</p>
<p>1. Is the child / young person able to remain in their seat for the duration of the lesson? If not, what do they do? (e.g., frequent toilet breaks, excuses to move).</p>
<p>2. Does the child / young person engage fidget or fiddle during lessons? (e.g., playing with blue tac, picking up things to fiddle, tapping pens, bouncing legs).</p>

3. Does the child / young person put their hand up to answer questions and wait their turn or do they call out?
4. How does the child/ young person manage during quiet classroom activities such as reading, completing work in silence?
5. Is the child / young person able to queue or line up? What do they do during these times?
INATTENTIVE BEHAVIOUR (the child's ability to maintain focus in a classroom setting)
1. Can the child / young person follow instructions in the class?
2. Do they ever fail to complete classroom work in the time given?
3. Does the child / young person appear distracted in class? If so, by what?
3. What is the child / young person's organisation skills like (e.g., losing their belongings, bringing the right equipment, getting to lessons on time)?

4. Does the child / young person complete homework? Do they have support to complete this? If they don't have homework, why not?				
ADDITIONAL COMMENTS REGARDING HYPERACTIVE / IMPULSIVE / INATTENTIVE BEHAVIOUR:				
ADHD RS-IV: Teacher Version: The following outcome measure can help us better understand the needs of your pupil in a classroom setting.				
Circle the number that best describes the child / young person's classroom behaviour over the past 6 months.	Never or rarely	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities	0	1	2	3
4. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
5. Does not seem to listen when spoken to directly	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate	0	1	2	3
7. Does not follow through on instructions and fails to finish work	0	1	2	3
Circle the number that best describes the child / young person's classroom behaviour over the past 6 months.	Never or rarely	Sometimes	Often	Very Often

8. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
9. Has difficulty organising tasks and activities	0	1	2	3
10. Is “on the go” or acts as if “driven by a motor”	0	1	2	3
11. Avoids tasks (e.g. schoolwork, homework) that require sustained mental effort	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3
16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3
For office use only (for healthcare provider interpretation)				
IA subscale raw score		Corresponding IA percentile score		
HI subscale raw score		Corresponding HI percentile score		
Total (IA+HI subscale) score		Total (corresponding IA +HI percentile)score		

ANY OTHER INFORMATION YOU WOULD LIKE TO ADD THAT WOULD HELP IN UNDERSTANDING THE CHILD/YOUNG PERSON’S NEEDS:

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OTHER PROFESSIONAL INVOLVEMENT: Does the child/young person have any other professional involved with him/her/them?			
TYPE OF PROFESSIONAL	NAME	CONTACT DETAILS	Report attached?
EDUCATIONAL PSYCHOLOGIST			<input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIALIST LEARNING SUPPORT TEACHER			<input type="checkbox"/> Yes <input type="checkbox"/> No
OCCUPATIONAL THERAPIST			<input type="checkbox"/> Yes <input type="checkbox"/> No
SPEECH AND LANGUAGE THERAPIST			<input type="checkbox"/> Yes <input type="checkbox"/> No
CAMHS			<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER/S			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF PERSON COMPLETING FORM			

DESIGNATION	
DATE COMPLETED	

Thank you for completing this checklist which will be used as an integral part of the assessment