

# Teacher Questionnaire – CHIRP

(Child Health Integrated Response Pathway)

## Information for Teacher/Kaiako

For primary and intermediate school aged children

Kia ora,

A child that you teach has been referred to CHIRP. CHIRP provides a triage service for children aged 14 years and younger with developmental, attentional and/or behavioural concerns, that are impacting on the child's functioning across home and/or educational settings. This may be due to underlying neurodiversity such as autism, ADHD and/or intellectual disability.

CHIRP brings together experts from Child Development Services, Paediatrics, and Child & Adolescent Mental Health services and with the support of education representatives, reviews the child's needs and decides on appropriate pathways for assessment and support.

Your observations are very important to us and we appreciate you taking the time to complete this Teacher Questionnaire. The information you provide helps the triage team and specialists understand how this child manages in their education setting and gives a comprehensive understanding of their current strengths and difficulties.

We will inform families/whānau of the outcome for their child, and with parental consent, an outcome letter will also be shared with GP's, referrers, and the child's educational provider. You can also ask parents/caregivers for a copy of the outcome letter to keep on the child's school records.

We would appreciate this form completed and returned to us as soon as possible.

If the request to complete a teacher questionnaire has come from CHIRP, we have received consent from the parents/caregivers/whānau of this child to request information from their child's teacher/kaiako.

If you are including this information as part of a new referral to CHIRP, please follow the consent process on the CHIRP referral form.

The child and their parents/guardian/whānau have the right to see personal information held and to have inaccuracies corrected in accordance with the Health Information Privacy Code 1994/The Privacy Act 1993. This information is stored securely within Health New Zealand Bay of Plenty.

**Your time and contribution to the assessment process is greatly appreciated.** Please do not hesitate to contact us if you have any questions about this request or would like to check on the progress of a referral.

### Contact details:

**Tauranga:** Phone: (07) 557 5658 or 027 283 4768  
Email: CHIRPtga@bopdhb.govt.nz

**Whakatane:** Phone: 07 3063124 or 027 261 9506  
Email: CHIRPwhk@bopdhb.govt.nz

Many thanks,  
The CHIRP Team

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## CHILD'S DETAILS

Child's full name: \_\_\_\_\_

Child's preferred name(s): \_\_\_\_\_

Age: \_\_\_\_\_ Year level: \_\_\_\_\_

## SCHOOL DETAILS

School/Kura: \_\_\_\_\_

Teacher/Kaiako name: \_\_\_\_\_

Teacher/Kaiako email: \_\_\_\_\_ Phone: \_\_\_\_\_

Years child has attended this school/kura: \_\_\_\_\_

## OVERVIEW

Describe this child's strengths and key interests:

Tell us about this child's family/whānau background:

What are your main concerns for this child?

## HEALTH NEEDS

Note any health issues of concern at school. (E.g. hearing, vision, diet, stomach upsets and headaches)

Note any known clinical information / diagnoses / previous assessments.

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LEARNING INFORMATION			
Based on your most recent assessment data, what are this child's current learning levels?			
Subject	Current NZ Curriculum Level (E.g. Working towards Level 1)	Expected NZ Curriculum Level (E.g. Working at Level 1)	Please give further details regarding any learning concerns, or describe strategies the child is able to use.
<b>Reading</b> Please include current and expected reading level and/or reading age where appropriate. (E.g. Level 12, 6 - 6 ½ years)			
<b>Writing</b> Please include current and expected writing level and/or writing age where appropriate.			
<b>Mathematics</b> Please include current and expected level for maths, including age equivalent where appropriate.			
Are you concerned about this child's ability to access the curriculum (based on age) and if so, why?			
Does the child have an Individual Development Plan?			
Are there any education services (e.g. RTLB or MOE) involved? If so, please describe.			
From the above, what learning needs have been identified?			
Please specify any special assessments that have been done by the school or MOE, and/or any additional funding the child is accessing (e.g. High Health Needs, LLI)			
Is attendance a concern?			

CURRENT AGENCIES INVOLVED			
Name of Contact	Organisation	Role	Phone number

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<b>CURRENT CONCERNS</b>	
Please describe any concerns you have about this child in the following areas of development:	
<b>Gross motor skills</b> Coordination or clumsiness when running, jumping, climbing, kicking a ball, tip toe walking etc.	
<b>Fine motor skills</b> Handwriting, drawing, manipulating small objects, using cutlery, zips, buttons etc.	
<b>Independence and self-care</b> Does this child have any difficulty with dressing, toileting, hygiene tasks?	
<b>Understanding of language</b> How well does this child understand what others say in conversation, including following multi-step instructions?	
<b>Talking</b> Does this child have any difficulty pronouncing words, forming sentences, or telling a story?	
<b>Social interaction</b> Does this child make and maintain friends easily? Do they get along better with adults or younger children? Do they struggle to understand social situations? Prefer to be alone?	
<b>Hyperactivity and impulsivity</b> Is this child more active than others? Do they struggle to stay still, interrupt others, do things without thinking etc?	
<b>Concentration and attention</b> Are they very distractable? Do they lose focus easily, struggle to start or finish tasks, daydream?	
<b>Emotional regulation</b> Are they quick to anger, easily frustrated, find it hard to calm down?	

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<b>CURRENT CONCERNS</b>	
Please describe any concerns you have about this child in the following areas of development:	
<b>Anxiety</b> Do they worry excessively? Can they cope with change in routine? Are they afraid to try new things?	
<b>Mood concerns</b> Does this child experience low mood or sadness, withdraw from others, or lose interest in activities?	
<b>Behaviours</b> Does this child have any repetitive behaviours (e.g. spinning, rocking, flapping) or intense interests?	
<b>Sensory needs</b> Does this child react differently to certain sounds, smells, textures, pain, lights etc?	
What supports have already been put in place for this child?	
What assessments or supports do you feel would be helpful for this child or family/whānau?	
Please add any comments or further information that may assist us.	

Teacher Questionnaire completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for taking the time to complete this questionnaire.**

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**Whakatane:** CHIRPwhk@bopdhb.govt.nz  
(07) 306 3124 | 027 261 9506

**PRINT**

**OUTLOOK MUST BE OPEN when you CLICK HERE to submit to CHIRP Tauranga**

**OUTLOOK MUST BE OPEN when you CLICK HERE to submit to CHIRP Whakatane**

**CLEAR FORM**