

Fun Fit Programme Teacher Questionnaire – Start of programme

1. What is the name of the child you are recommending to Fun Fit? _____
2. How old is the child you are recommending to Fun Fit? _____
3. Why are you recommending this child to the Fun Fit programme?

4. Have you noticed this child having trouble with any of the following? (please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Throwing, catching, kicking | <input type="checkbox"/> P.E. |
| <input type="checkbox"/> Balancing | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Handwriting | <input type="checkbox"/> Building things |
| <input type="checkbox"/> Using cutlery | <input type="checkbox"/> Using scissors |
| <input type="checkbox"/> Using a computer | <input type="checkbox"/> Concentrating |

5. Do you think this child's physical co-ordination affects their confidence?

- Yes No Sometimes

Comments:

6. Do you think this child's physical co-ordination affects their behaviour?

- Yes No Sometimes

Comments:

7. Do you think this child's physical co-ordination affects their ability to learn?

- Yes No Sometimes

Comments:

Thank you