**Parental Assessment**

Student’s Name:

**As you are aware your child is taking part in the Cool Kids programme at school. Would you please help us by providing the following information relating to your child on a ’before’ and ‘after’ basis. Please circle the number relating to where you feel your child belongs, 5 being excellent and 1 being poor.**

 **Before Cool Kids Now**

Arousal Levels

Being able to calm themselves ready to

concentrate on a task, i.e. homework, 5 4 3 2 1 5 4 3 2 1

family mealtimes, sit quietly when required.

Concentration

Sustained when reading, completing

homework, playing boardgames etc. 5 4 3 2 1 5 4 3 2 1

Co-0rdination

Dressing/undressing, laces/ties, playing

games, i.e. football, basketball 5 4 3 2 1 5 4 3 2 1

(hand/eye co-ordination) throwing,

catching etc.

Fine Motor Control

Any changes in holding a pencil,

pencil pressure, handwriting, drawing etc. 5 4 3 2 1 5 4 3 2 1

Confidence

Ability to complete any task with

increasing confidence in own abilities, 5 4 3 2 1 5 4 3 2 1

speaking, listening, PE, games etc.

Any other comments?

**Thank you for taking the time to complete this questionnaire and we hope your child has enjoyed the Cool Kids programme**.