

LSUHSC Play Therapy Clinic

Teacher Consultation Feedback Form

Teachers: Please note any changes requested below. These forms are to be completed prior to your student's scheduled family session without the student. This form will aid the therapist in working better with you and your student. Please complete to the best of your knowledge, if you do not have any information for a section, please write N/A.

Positive Changes: _____

Issues That Have Remained the Same:

Negative Changes:

New Insights/Changes/Issues Discovered:

Interactions/Engagements/Consultations with Caregivers:

What I am looking to learn or talk about:

Needs:

Please rate the following items on the scale as they apply to you,
with 1 meaning “not at all” and 5 meaning “very much.”

| | | | | | |
|--|-------------------|---|---|------------------|---|
| I see my role in my student’s presenting issues. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| I find play therapy is beneficial for my student. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| It is important for me to use skills at school. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| My level of anxiety/stress when applying the play therapy skills learned through consultations at school with my student’s play therapist. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| I have been accurately using the skills provided in my professional consultations. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| I am able to see how the play therapy skills make a difference for my student when I use them. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| I have made changes in my teaching skills with my student. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| I have made changes in the relationship with my student. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| I see my student making changes. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| I see my student developing new coping skills. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| I understand my student’s point of view. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| I am able to understand what my student needs in relationship to his/her needs, desires, wants, etc. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| I feel like the therapist and I are working in a partnership. | 1 | 2 | 3 | 4 | 5 |
| | <i>Not at all</i> | | | <i>Very Much</i> | |
| I would like the therapist to provide me feedback on my | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|--|-------------------|---|---|---|---|------------------|
| teaching skills. | <i>Not at all</i> | | | | | <i>Very Much</i> |
| I would like the therapist to provide me feedback on my relationship with my student. | 1 | 2 | 3 | 4 | 5 | |
| | <i>Not at all</i> | | | | | <i>Very Much</i> |
| My level of anxiety/stress about my student's presenting issues. | 1 | 2 | 3 | 4 | 5 | |
| | <i>Not at all</i> | | | | | <i>Very Much</i> |
| My level of anxiety/stress about caregiver/teacher consultations. | 1 | 2 | 3 | 4 | 5 | |
| | <i>Not at all</i> | | | | | <i>Very Much</i> |
| The dynamics in the school environment are changing. | 1 | 2 | 3 | 4 | 5 | |
| | <i>Not at all</i> | | | | | <i>Very Much</i> |
| I believe that every professional has a part in my student's presenting issues. | 1 | 2 | 3 | 4 | 5 | |
| | <i>Not at all</i> | | | | | <i>Very Much</i> |

Other/Additional Information Needing To Be Reported: