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Teacher Questionnaire

The purpose of this questionnaire is to obtain a more comprehensive understanding of the academic and social functioning of the child named below. Please answer these questions to the best of your ability. Please return this questionnaire, when completed, to _____.

Teacher's name: _____ Date: _____

Child's name: _____ Grade: _____

School: _____ School phone: _____

School address: _____

What do you see as this child's major problem? _____

How long has this been a problem? _____

How serious do you perceive this child's problems to be? _____

What changes would you like to see happen as a result of this treatment/evaluation? _____

Does this child have any learning disabilities that you are aware of? No ___ Yes ___

If yes, what are they? _____

Does this child receive special tutoring or support? No ___ Yes ___

If yes, please describe: _____

(continued)

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Is this child on a Section 504 plan or an IEP? No ___ Yes ___

Has this child ever had special testing in school? No ___ Yes ___

If yes, please explain: _____

Does this child attend school regularly? No ___ Yes ___

Does this child appear motivated for school? _____

Has this child ever had disciplinary action taken against him/her, such as being suspended or expelled? No ___ Yes ___

If yes, explain: _____

What was this child's highest grade on the last report card? _____

What was this child's lowest grade? _____

What do you see as this child's strongest and weakest areas of learning? _____

Does this child participate in extracurricular activities? No ___ Yes ___

If yes, describe: _____

In school, how many friends does this child have? Many ___ A few ___ None ___

Do you have any concerns about this child's social relationships? No ___ Yes ___

If yes, describe: _____

Please list anything else about this child that would be helpful: _____

