



SCHOOL QUESTIONNAIRE

Dear Teacher,

_____ may be seen for an evaluation at the Summit Center. Please share with us your observations and insights regarding this child, as it is essential for a thorough evaluation that we gather information for all those people who have the most contact with this child. If you need more space for each answer, please feel free to use the backs of the pages.

STUDENT: _____ **DATE:** _____

TEACHER: _____ **SCHOOL:** _____

PRINCIPAL: _____ **ADDRESS:** _____

GRADE: _____ _____

TYPE OF CLASS: _____ **SCHOOL PHONE:** _____

I. What questions do you hope to have answered by our evaluation?

II. Do you have any concerns about this child?

III. Have any interventions been attempted so far to address any school difficulties?
(e.g. meetings with parents, behavioral program, tutoring, etc.)

IV. Has this child been evaluated previously? Has there been an IEP?
If so, what were the results/ impressions? (Please attach copies of IEP, reports, prior years' grades, etc.)

V. Does this child receive any special services such as resource services, speech/language therapy, occupational therapy, counseling, etc.?

VI. School history: Describe significant history of multiple absences, retentions, grade acceleration, changes of schools or school programs, etc. in the past.

VII. Current School Performance:

Please estimate the grade level at which this child is now functioning:

	Grade level
Reading - Decoding	_____
Reading - Comprehension	_____
Spelling	_____
Handwriting	_____
Arithmetic	_____
Written Reports	_____
Expressive Language	_____
Receptive Language	_____

Is the child's physical health adequate for regular school attendance and full participation in school activities?
If not, why?

Does the child demonstrate adequacy in physical performance on the playground and in physical education?
If not, what problems have you noticed? (e.g. coordination or balance problems, etc.)

Are there difficulties with fine motor control or handwriting?

Are there attentional difficulties in the classroom? If so, please describe, with examples of activities where difficulties arise.

What is the child's primary language? _____ Does the child understand spoken language adequately? If not, please describe.

Does the child express him/herself in oral language easily, clearly, and fluently? If not, please describe.

Does the child understand information that is presented visually? If not, please describe.

Does the child have an adequate fund of information?

Does the child remember what s/he has learned, both immediate and long-term? If not, please describe.

Does the child understand abstract concepts?

Is the child's performance reasonably consistent:
From day to day?

From one part of the day to another?

Does the child accept responsibility and the limits of classroom authority? If not, please describe.

How does the child get along with other children?
(e.g., is s/he outgoing, withdrawn, aggressive, shy, relates well to others, etc.)

Does this child display any unusual behaviors in the classroom? If so, please describe.

Does the child require any sensory aids (e.g., hearing aids, glasses, etc.)

What special talents/ interests does this child display?

Thank you for your time and effort in completing this questionnaire.

Signature of person completing this

Position

Telephone number

Best time to call