



Teacher Questionnaire

Teacher Name: _____ Phone: _____ Date: _____

Student Name: _____ School: _____ Grade: _____

Main Problems

1. How long have you known this child?

2. In your own words, briefly describe the child's main problem(s).

Achievement in School Subjects

3. Group subjects into the appropriate category of achievement.

Very Good	Average	Barely Passing	Failing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Standardized Test Results

4. List intelligence, ability, or achievement tests.

Test / Subject Area	Date	Percentile	Standard Score	Grade Level
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Placements or Assistance

5. Please list any special education placement or other special assistance this child receives at school and the amount of time s/he receives it (e.g., tutoring, resource room).

Special Assistance / Placement	Who provides this service?	# Hours
_____	_____	_____
_____	_____	_____

6. Please add any information concerning this child's home, family, or school relationships that might have bearing on the child's attitudes and behavior. Include any other thoughts you feel are relevant.

Signature: X _____ Title: _____ Date: _____