

TEACHER QUESTIONNAIRE

Student's Name: _____ Date: _____

Teacher's Name: _____ Phone #: _____

Student's Grade: _____ School: _____

MAIN PROBLEMS

How long have you known this child? _____ In your own words, briefly describe the child's main problem or problems. _____

ACHIEVEMENT IN SCHOOL SUBJECTS

(group subjects into the appropriate category of achievement)

Very Good	Average	Barely Passing	Failing

STANDARDIZED TEST RESULTS

Intelligence or Ability or Achievement Tests

Name of Test or Subject Area	Date	Percentile	Standard Score	Grade Level

SPECIAL PLACEMENTS OR ASSISTANCE

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

Special Assistance or Placement	Who provides this service?	Number of hours

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

Signature

Title

Date Signed