

School Questionnaire (Ages 13-17) Please have school personnel fill out and return

Date

Child's Name *first*

last

Grade

DOB

Parent's Name *first*

last

School

School Address

Form completed by

Position

With help from

School Contact Person

Phone # and best time to call

In your opinion, what areas of this child's school functioning need the most improvement?

What methodologies, strategies or techniques have you found work well with this child?

Has the child ever been evaluated at school for learning or academic problems? If yes, when?

(Please send copies of previous testing results)

Please record any additional information which you think would help evaluate this child.

Please attach reports of recent testing, as well as attach a copy of current Individual Educational Plans.

List the questions you would like answered in the evaluation report which would help you to better meet this child's instructional needs. Please be as specific as possible.

ACADEMIC PERFORMANCE

In assessing this child's function in the areas below, rate the typical performance in each area compared to others of the same grade. To do this, put a "X" in the appropriate column. And in the boxes marked Consistent and Variable, please rate child's performance in general.

	Strong	Average	Below	Consistent	Variable
Reading					
Phonics					
Word reading					
Reading comprehension					
Spelling					
Handwriting					
Written language					
Mechanics					
Ideas					
Mathematics					
Computational skill					
Concepts					
Solution of word problems					
Math facts					
Overall general knowledge					
Listening skills					
Oral expression					
Musical skills					
Artistic skills					
Gross motor skills					
Homework completion					
Attitude toward school					
Motivation to learn					
Relating to peers					

INSTRUCTIONAL SETTING

Please describe the child's educational environment by including:

1. The size and nature of each instructional setting and/or other therapeutic settings
2. The number of teachers and aides for each setting
3. The frequency in which the child attends each setting
4. Are there specific education services? Yes No

INSTRUCTIONAL METHODOLOGIES

Please describe any curricula or programs offered in your school. (For example: problem-solving or critical thinking curriculum, collaborative learning, strategy instruction, computer assisted instruction, cross-age tutoring, peer tutoring, learning buddies, mentorship programs, etc.)

INSTRUCTIONAL METHODOLOGIES (used with this child in all instructional settings)

	Title	Publisher
Reading and reading related materials		
Mathematics		
Other texts		
Computer software		

ACTIVITY, ATTENTION, BEHAVIOR

<i>Please check the appropriate column</i>	Not True	Sometimes True	Very/Often True
1. Fails to finish things he/she starts			
2. Can't concentrate, can't pay attention for long			
3. Can't sit still, restless, or hyperactive			
4. Fidgets			
5. Daydreams or gets lost in his/ her thoughts			
6. Impulsive or acts without thinking			
7. Difficulty following directions			
8. Talks out of turn			
9. Messy work			
10. Inattentive, easily distracted			
11. Talks too much			
12. Fails to carry out assigned tasks			
13. Disturbs other children			
14. Demands must be met immediately			
15. Is easily frustrated			
16. Cries often and easily			
17. Mood changes quickly and drastically			
18. Has temper outbursts: explosive			
19. Is destructive			
20. Is difficult to comfort			
21. Is shy with strangers			
22. Is shy with peers			
23. Has difficulty keeping to schedule or schedule changes			
24. Is difficult to satisfy			
25. Notices things no one else does			
26. Understands the main point of things but misses details			
27. Gets tired too easily when needs to concentrate			
28. Has difficulty getting started in the morning			
29. Is disorganized			
30. Learns a new skill and then forgets it			
31. Remembers events that happened a long time ago			
32. Works inconsistently			
33. Works attentively on things of interest			
34. Doesn't notice when he/she makes mistakes			
35. Doesn't notice when he/she is disturbing someone			
36. Doesn't improve with re-direction			
37. Has difficulty listening			

<i>Please check the appropriate column</i>	Not True	Sometimes True	Very/Often True
38. Is imaginative			
39. Says things that have little or no connection to what others are saying			
40. Thinks ahead			
41. Behavior is variable and unpredictable			
42. Gets into trouble without meaning to			

Describe this child's personality - moods, behavior, emotional functioning, etc:

Describe this child's relationship with peers:

Please record any additional information which you think would help evaluate this child. Please attach scores of recent testing, as well as attach a copy of current individual Educational Plans.

Thank you for your help! *DMC Staff*