

TEACHER QUESTIONNAIRE

Dear Teacher,

I *look* forward to evaluating this student's cognitive/neurologic development as requested. Your answers on this questionnaire will help me understand this student's health, neurologic functioning, teaming skills, and behavior. Please list your concerns and provide all information you feel may be relevant. This student and his/her parents are being asked to fill out similar questionnaires.

Please send the completed questionnaire back to me at the following address as soon as you can.
Thank you very much for your time and concern.

Student Name	Age
School Name	Phone
School Address	Form Completed By:
Grade	# of Students
How much time does student spend in your class per week?	What Type of Class is it?

What are your concerns and questions about this student's learning, development, and/or behavior?

Please describe this student's strengths and weaknesses in the classroom.

Has this student had any previous evaluation? Could you provide the dates and results for me?
(List below or attach copies)

- ___ speech/language evaluation
- ___ achievement tests
- ___ IQ tests/psychological evaluation
- ___ psychiatric evaluation
- ___ neurologic evaluation
- ___ physical/occupational therapy evaluation

What services are available at your school?

- ___ help with writing
- ___ help with reading
- ___ help with mathematics
- ___ speech/language therapy
- ___ PT/OT
- ___ help with studies
- ___ learning problems
- ___ vocational training/counseling
- ___ guidance counseling
- ___ group counseling
- ___ psychological testing
- ___ resource room/learning center
- ___ self-contained class for children with

Has this student ever received special services or been retained in a grade?

- Yes No

Please describe this student's current educational placement including class types, grade levels, and any special help he/she receives. _____

Please rate this student's skills in the following areas:

ACADEMIC PERFORMANCE:

	Weakness Compared To Others	Average	Strength Compared To Others
Speech/Language:			
Pronunciation			
Stuttering			
Understanding Others			
Hearing/Listening			
Other			
Reading:			
Aloud			
Steady			
Reading Rate			
Recognition Of Words			
Comprehending What Was Read			
Remembering What Was Read			
Spelling:			
Accuracy			
Consistency			
Writing:			
Legibility/ Coordination			
Remembering Letter Shapes			
Punctuation			
Sentence Structure/ Organization			
Sophistication Of Ideas			
Mathematics:			
Understanding The Question			
Remembering How To Do The Problem/Basic Skills			
Word Problems/ Applications			
History/Social Studies			
Science			

Foreign Language			
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Do you have other concerns about academic skills/development?

Feel free to explain any of your responses more fully

STUDY STRATEGIES/OTHER CHARACTERISTICS:

	Weakness Compared To Others	Average	Strength Compared To Others
Note-Taking Skills:			
Rate/Keeping Up			
Identifying Key Concepts			
Concentration/Attention			
	Weakness Compared To Other*	AVV/TBQt	Strength Compared To Others
Comprehension Of OaMy/AuraHy Presented Material			
Comprehension Of Wrinan/Visualry Presented Material			
Studytna:			
Memorization			
Organization			
Allowing Appropriate Time			
Concentration			
AufOmieftte			
Attention To Instruction			
Comprehension Of Task			
Checking Work			
Mowing Appropriate Time/Using Appropriate Books And Supplies			
Completion Of Task			
Response To Feedback			
Consistency Of Performance			
Test Taking:			
Anxiety/Choking Up			
Pacing/Organization			
Recad Of Facts			
Consistence Of Performance			
Class Participation:			
Attention/Staying On Subject			
Enthusiasm/Curiosity			
Social Skite			
Other			
Talking In Class			
Leaving Seat/Disruptive			
Bothering Others			
Athletic Ability			
Imagination/Creativity			
Sense Of Humor			
Flexibility/Acceptance Of New Ideas			

Do you have other concerns about study strategies/other characteristics? Yes No

Feel free to explain any of your responses more fully.

PERSONALITY/BEHAVIORAL HISTORY:

The following is a list of a wide variety of issues which may be of concern. Please check the appropriate column for this student.

Please check the appropriate

	Average For Age/Not A Problem	More Than Average/Somewhat Problematic	Significant Problem Or Concern
Sadness/Depression			
Anxiety/Worry			
Low Self-Esteem/Confidence			
Variable Moods			
Easily Frustrated			
Easily Angered/Irritable			
Crying/Tantrums			
Aggression/Fighting			
	Average For Age/Not A Problem	More Than Average/Somewhat Problematic	Significant Problem Or Concern
Defiance/Disobedience			
Destructive Behavior			
Truancy/Running Away			
Lying Or Stealing			
Rejection By Peers/Unpopular			
Gets Teased			
Teases Others/Cruelly			
Loneliness			
Passive Behavior/Eager To Please			
Shyness/Mistrust			
Clowning/Acting Out/Disruptive			
Peets Others			
Manipulative/Controlling			
Frequent Pain/Physical Complaints			
Accident Prone			
Acts Without Thinking			
Hurries Through Tasks			
Short Attention Span			
Misses Key information			
Easily Distracted			
Daydreams			
Says irrelevant Things			
Daytime Sleepiness/Easily Fatigued			
Easily Bored/Restless			
Difficult To Safely			
Fidgety/Overly Active			
High Energy Level			
Variable Performance (Unpredictable Quality Of Work/ Inconsistent Grades)			
Eating Or Appetite Problems			
Sleep Habits/Insomnia/Sleepwalks			
Wets Or Soils			
Head-Bangs/Other Self Injurious Behavior			
Rocks/Other Repetitive Habits			
Holds Things			
Repetitive Acts/Compulsions			
Sees Or Hears Things That Are Not There			
Uses Drugs Or Alcohol			
Sudden Twitches/Blinks/Nods			
Unusual Grunts Or Other Sounds			
Difficulty Giving Or Receiving Affection			
Interacts/Difficulty With Changes			

Do you have any other concerns about personality, emotional, or behavioral functioning?. Yes No

Feel free to explain any of your responses more fully.

(Please also complete the attached EdeJbrock CAP questionnaire on attention issues.) Please provide any additional comments or information you feel may be helpful.

Please mail this back to me as soon as possible and thank you very much.

Carolyn E. Hart, M.D.
Robert A. Nahouraii, M.D.
Pediatric Neurology
Mecklenburg Neurological Associates
1900 Randolph Rd., Suite 1010
Charlotte, NC 28207
(704)334-7311