



Teacher Questionnaire

This student is undergoing specialized testing to help better understand their strengths and weaknesses. Please answer the following questions as well as you can, even if you lack full information. This will provide us with a great deal of important data, which will allow us to work with this student more effectively.

Teacher Name: _____ School: _____

Student Name: _____ Grade: _____

I. For how many months have you known this pupil? _____ months

II. How well do you know him/her?
____ Not Well ____ Moderately Well ____ Very Well

III. How much time does he/she spend in your class or service per week?

IV. Which kind of class or service is it? (Please be specific, e.g. regular 5th grade, 7th grade math, learning disabled, counseling, etc.)

V. Has he/she ever been referred for special class placement, services, or tutoring?
____ Don't know ____ No ____ Yes - what kind and when? _____

VI. Has he/she repeated any grades?
____ Don't Know ____ No ____ Yes-grades and reasons: _____

VII. Current school performance-list academic subjects and check box that indicates pupil's performance of each subject:

Academic Subject	1. Far below grade	2. Somewhat below grade	3. At grade level	4. Somewhat above grade	5. Far above grade
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

