

## TEACHER QUESTIONNAIRE

Date: \_\_\_\_\_  
Student: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Grade/School: \_\_\_\_\_ Subject: \_\_\_\_\_  
School Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### CURRENT SKILLS

Please indicate if this student has difficulties with the following:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Math concepts           | <input type="checkbox"/> Reading speed          | <input type="checkbox"/> Reading comprehension  |
| <input type="checkbox"/> Test preparation        | <input type="checkbox"/> Papers & reports       | <input type="checkbox"/> Handwriting            |
| <input type="checkbox"/> Memorization            | <input type="checkbox"/> Science/Social Studies | <input type="checkbox"/> Abstract reasoning     |
| <input type="checkbox"/> Checking work carefully | <input type="checkbox"/> Vocabulary/expression  | <input type="checkbox"/> Understanding concepts |
| <input type="checkbox"/> Pleasing the teacher    | <input type="checkbox"/> Behaving correctly     | <input type="checkbox"/> Spelling               |

Other: \_\_\_\_\_

### ATTENTION/CONCENTRATION

Please indicate which of the following apply to this student:

- |   |  |
|---|--|
| <input type="checkbox"/> None                         | <input type="checkbox"/> Has trouble being quiet               |
| <input type="checkbox"/> Forgets instructions         | <input type="checkbox"/> Loses objects                         |
| <input type="checkbox"/> Interrupts                   | <input type="checkbox"/> Trouble completing assignments        |
| <input type="checkbox"/> Takes risks                  | <input type="checkbox"/> Requires supervision to complete work |
| <input type="checkbox"/> Is too active/fidgety        | <input type="checkbox"/> Is disorganized                       |
| <input type="checkbox"/> Has difficulty concentrating | <input type="checkbox"/> Has trouble sitting still             |
| <input type="checkbox"/> Daydreams                    | <input type="checkbox"/> Is easily distracted                  |
| <input type="checkbox"/> Acts impulsively             | <input type="checkbox"/> Does not wait turn                    |

Other: \_\_\_\_\_

### WORK HABITS

Please indicate which of the following apply to this student:

- |  |  |
|--|--|
| <input type="checkbox"/> Attempts all work   | <input type="checkbox"/> Has necessary materials for class |
| <input type="checkbox"/> Participates in class   | <input type="checkbox"/> Arrives at class on time          |
| <input type="checkbox"/> Turns in homework   | <input type="checkbox"/> Is frequently absent              |
| <input type="checkbox"/> Does not do homework  |  |
| <input type="checkbox"/> Does not complete assignments   |  |
| <input type="checkbox"/> Completes assignments, but does not turn them in  |  |
| <input type="checkbox"/> Does not complete assignments during class time, but finishes them at home to turn in   |  |
| <input type="checkbox"/> Puts forth best effort, but is still unable to perform some of the tasks at grade level |  |
| <input type="checkbox"/> Needs support and encouragement to attempt and complete work                            |  |

**RELATIONSHIPS**

Please indicate which of the following apply to this student:

- |  |   |
|--|---|
| <input type="checkbox"/> Gets along well with other students | <input type="checkbox"/> Gets attention from peers by misbehaving                 |
| <input type="checkbox"/> Gets along well with adults         | <input type="checkbox"/> Has several close friends                                |
| <input type="checkbox"/> Makes friends easily                | <input type="checkbox"/> Has no close friends                                     |
| <input type="checkbox"/> Is a leader                         | <input type="checkbox"/> Isolates self from others                                |
| <input type="checkbox"/> Is a follower                       | <input type="checkbox"/> Wants to be the center of attention                      |
| <input type="checkbox"/> Fights or argues with peers         | <input type="checkbox"/> Is teased or bullied by others                           |
| <input type="checkbox"/> Prefers adults                      | <input type="checkbox"/> Has friends who get into trouble                         |
| <input type="checkbox"/> Is disliked by peers                | <input type="checkbox"/> Wants friends but does not know how to make or keep them |
| <input type="checkbox"/> Teases or bullies others            |   |

**BEHAVIOR**

Please indicate which of the following apply to this student:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Has an even disposition | <input type="checkbox"/> Does not respect authority | <input type="checkbox"/> Is argumentative                      |
| <input type="checkbox"/> Has a positive attitude | <input type="checkbox"/> Hides feelings             | <input type="checkbox"/> Is easily over stimulated             |
| <input type="checkbox"/> Is sad                  | <input type="checkbox"/> Is happy                   | <input type="checkbox"/> Gets mad easily                       |
| <input type="checkbox"/> Overreacts to problems  | <input type="checkbox"/> Loses temper easily        | <input type="checkbox"/> Is tearful                            |
| <input type="checkbox"/> Is moody                | <input type="checkbox"/> Lacks self-control         | <input type="checkbox"/> Is easily upset by changes in routine |
| <input type="checkbox"/> Is self-conscious       | <input type="checkbox"/> Worries                    |  |

Other: \_\_\_\_\_

What currently concerns you most about this student? \_\_\_\_\_

\_\_\_\_\_

What 3 behaviors would you target for a behavior intervention plan? \_\_\_\_\_

\_\_\_\_\_

Please describe the best things about this student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any strange behaviors or ideas this student has expressed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What modifications, extra help, etc. have you used, or tried to use, to help this student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

