

Dear Educator,

I will be conducting a psychoeducational evaluation with your student

As the student's parents are providing you with my forms, they endorse your participation in providing information. However, your school may require the parents to sign your school's release of information as well.

Your professional input is invaluable to this evaluation process, and we would appreciate your responses to our questionnaire and any other type of informative data that you provide. This information is integrated with other assessment information and incorporated into the written report. Please complete the information as comprehensively as possible.

We would appreciate the return of these forms as soon as conveniently possible.

Thank you very much for your time and support!

Sincerely,

Corbin Feroletto, Ph.D.
Jennifer Foster, Ph.D.
Emily Bryant, Ph.D.
Fontina Rashid, Ph.D.
Jessica Conklin, Ph.D.

Teacher Questionnaire

Student Name _____ Date of Birth _____

Grade _____ School _____

Teacher Name _____

Subject areas taught for this student
_____School Address:

Phone _____ Email _____

Describe problems/difficulties this student might be having in school (academic, behavioral, social).**Describe any strategies, accommodations, or interventions that have been tried. Does the student receive special education services? What were the outcomes?****Describe this student's learning strengths.****Describe how the student gets along with classmates.**

Describe any unusual or bizarre behaviors observed.

Please estimate the student's achievement level compared to classmates in the following areas (Leave blank if you do not know)

Reading Decoding

Reading Comprehension

Spelling

Written Expression

Mathematics Calculation

Mathematics Reasoning

Other (Science, Social Studies, Art, etc.)

Does the student require additional testing time when compared to other students?

Yes _____ No _____ If "yes," how much additional time does the student require to complete multiple choice test items? _____ 25% _____ 50% _____ 100%

How much additional time does the student require to complete other question types (short answer, essay, math problems)? Please note specific question types and amount of additional time needed for each (25%; 50%; 100%):

Does the student use extended time effectively? Yes _____ No _____

If "yes," does it benefit student's learning outcome? Yes _____ No _____

If "no," why is the accommodation not effective?

Please check all behaviors that you observe with this student:

- | | | |
|--|---|--|
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Forgetful | <input type="checkbox"/> Displays immature behavior |
| <input type="checkbox"/> Restless (overactive) | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Difficulty completing tasks |
| <input type="checkbox"/> Lacks confidence in self | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Speech difficulties | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Quick Temper/ Tantrums |
| <input type="checkbox"/> Slow in completing work | <input type="checkbox"/> Poor eye contact | <input type="checkbox"/> Difficulty expressing self |
| <input type="checkbox"/> Right/left confusion | <input type="checkbox"/> Anxious | <input type="checkbox"/> Poor eye/hand coordination |
| <input type="checkbox"/> Letter reversals | <input type="checkbox"/> Constantly seeks teacher attention | |
| <input type="checkbox"/> Difficulty remaining seated | <input type="checkbox"/> Difficulty expressing emotions appropriately | |

Comments on any checked items above:

Please provide additional academic information that would be informative, including:

Standardized test scores (CoGAT, ITBS, Stanford 9, Terra Nova, ERB, SSAT, etc.)
 Curricular or developmental checklists of progress
 Work Samples
 SST meeting notes
 Individual Educational Program (IEP)