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Classroom Teacher Questionnaire

Dear Educator:

*I know that the information you have regarding my patient is vital to my evaluation and development of a treatment plan and wish to incorporate this information in my assessment. Please provide me with your observations and knowledge of your student. You may attach additional notes if needed. This form may be provided to the parent or faxed back to my office. This information can be mailed back, sent by parent, or faxed. Feel free to attach other observations, IEP/504, work samples, or other information which you feel would be helpful. **Thank you** in advance for your valuable input and your time in providing this history.*

Name of Child: _____ Grade: _____ School: _____

Your Name: _____ Contact Phone # or email: _____

Educational services you provide to child (e.g. mainstream classroom teacher, resource room teacher, subject you teacher, etc.) _____

How long have you known this child? _____ Date you completed questionnaire: _____

Does the child have an IEP? yes no If yes, under what exceptionality program(s) does the child qualify? _____ How are services provided? _____
(e.g. mainstreamed vs. contained? Resource room ___min/wk, etc.)

Does the child have a 504 plan? yes no What accommodations/ modifications are you making at this time? (continue on additional sheet or attach 504) _____

Check all services child receives now at school: speech language OT PT additional reading instruction tutoring counseling other (please specify _____)

Child not receiving services but has been referred for evaluation or in RTI process (Tier _____)

Child has been evaluated or screened - does not qualify for service

Academic Status: Florida DEA or other standardized scores: Math: _____ Reading: _____ Other: _____

Please indicate your *estimate* of status in the following subjects: (If Pre-K/ kindergarten, assess foundational/ readiness skills or provide separate notes about skill development)

	<u>Above Grade level</u>	<u>Average for grade</u>	<u>Struggling but on grade level</u>	<u>Below grade level</u>	<u>No basis to rate</u>	<u>Notes:</u>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (@ ___ level	<input type="checkbox"/>	_____
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (@ ___ level	<input type="checkbox"/>	_____
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (@ ___ level	<input type="checkbox"/>	_____
Written Lang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (@ ___ level	<input type="checkbox"/>	_____
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (@ ___ level	<input type="checkbox"/>	_____
SocialSt/Hx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (@ ___ level	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (@ ___ level	<input type="checkbox"/>	_____

Comments about these and other subjects _____

Is child being considered for/ in danger of retention in grade? yes no

How well does the child perform with analytical skills, reasoning, problem solving, and critical thinking?

- Above grade level On grade level Struggling but not below grade level Below Grade level

Is retention of taught information an area of concern? yes no

For your grade/instructional method, how long should this child be spending on homework nightly? _____

Please indicate areas of strength, and other comments: _____

Behavior and Work Habits:

Is behavior a concern in the classroom? significant concern mild concern not a concern

If yes, indicate areas of concern: _____

Please indicate if any concerns are noted in the following areas: (Please feel free to expand on any of these areas of concern)

- Poor focus on work or easily distracted More fidgety or hyperactive than most students
 Impulsive Doesn't listen carefully Talks excessively Out of seat often
 Aggressive to peers or adults Non-compliant in deliberate manner Excessively withdrawn
 Has difficulty following classroom routine Has difficulty following classroom rules
 Rushes or careless in work Shows obvious destructive or violent behavior (please describe)
 Has difficulty with transitions Show obsessive or compulsive traits Other _____

Emotional Status: (please add comments if concerns noted)

Compared to what you would expect for his/ her age, does this child seem more...? unhappy nervous
or worried easily upset or angry tolerate frustration with more difficulty outbursts other: _____

Organizational Skills:

Are assignments usually completed and turned in on time? usually sometimes freq. a problem

How would you rate this student's organizational skills? above average average below average
(indicate what organization skills are weak or areas which require improvement: _____)

Motor Skills: If the child has difficulties in any of the following areas, please check:

- Holding or manipulating pencil Using scissors Letter formation/ Legibility of handwriting
 Managing spacing/ letter placement Managing fasteners such as buttons or snaps, tying shoes
 Coloring at an age appropriate level (if applicable child's age)
 Balance and coordination negotiating classroom/ school/ PE (Does this cause safety issues? _____)
 Other /additional comments _____

Communication Skills:

Does child have: any obvious speech issues? yes no Describe concerns: _____

any obvious language or communication issues? yes no Describe concerns: _____

Social Skills:

Does this child struggle with any social skills? yes no If yes, in what way? _____

In general, how do peers respond to this child? _____

If child is younger, please indicate any unusual or immature play _____

Specific social skills which you would like to see growth in? _____