



TEACHER QUESTIONNAIRE

Today's Date _____

Student Name _____ **Date of Birth** _____

Teacher Name _____ **Grade/Class Type** _____

Print clearly: Full First Name and Last Name

I am this student's Classroom teacher Special education teacher Counselor

READING

Estimated Grade Level _____

Student is Above Grade Level At Grade Level Below Grade Level Far Below Grade Level

Standardized Test Name _____ **Date** _____ **Score** _____

Describe student's strengths and weaknesses in this area. Please include decoding, fluency, and comprehension skills.

MATH

Estimated Grade Level _____

Student is Above Grade Level At Grade Level Below Grade Level Far Below Grade Level

Standardized Test Name _____ **Date** _____ **Score** _____

Describe student's strengths and weaknesses in this area.



WRITTEN LANGUAGE

Estimated Grade Level Below Grade Level Far Below Grade Level

Student is At or Above Grade Level Below Grade Level Far Below Grade Level

Describe student's strengths and weaknesses in this area.

SOCIAL EMOTIONAL FUNCTIONING

Student is Above Average Average Below Average Far Below Average

Describe student's overall social emotional functioning.

What are the student's strengths, preferences, interests?





Describe the student's social adjustment to school and community environments?

OTHER

Does this pupil have any illness or disability (either physical or mental)? Yes No Please describe:

What concerns you most about this pupil?

Please describe the best things about this pupil:

Do you feel the student is receiving appropriate educational services? Yes No

If no, what other services do you think would better serve this student?

Please feel free to write any comments about this pupil's work, behavior, or potential, using extra pages if necessary:

Teacher Signature:

