



TEACHER QUESTIONNAIRE

This form is provided to you by the parent of the student listed below. Thank you for completing the form as completely as possible. Please return the form to the parent, or send to:

DE LA SALLE ACADEMY
6401 Techster Blvd.
Ft. Myers, FL 33966

or EMAIL: lriti@delasallefm.org

STUDENT'S NAME _____ DATE OF BIRTH _____

GRADE LEVEL _____ GENDER M F AGE _____ years _____ months

FORM COMPLETED BY _____ Date completed: _____

SUBJECT(S) TAUGHT _____

SCHOOL _____

Number of students in class: _____ Number of Teachers: _____ Number of Aides/ Paras _____

How long have you known the student? < 3 mos 3-12 mos > 12 mos

How well do you know the student? Not Well Moderately Well Very Well

Please check any diagnoses or services that apply. Does the student have an IEP?: Yes No

- | | |
|---|--|
| <input type="checkbox"/> Learning Disability (SLD) | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Behavior Disorder (<input type="checkbox"/> EH/ <input type="checkbox"/> SED) | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Speech therapy |
| <input type="checkbox"/> Language Impairment | <input type="checkbox"/> Educable Mentally handicapped |
| <input type="checkbox"/> Remedial (Intensive) Reading | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Remedial (Intensive) Math | <input type="checkbox"/> None |

What are your primary concerns regarding this student? Academic Social Behavioral

Please describe your primary concerns: _____

(More space is available on the last page)

Describe the student's strengths as you see them: _____

At what grade level is the student **receiving instruction** in: Reading _____ Lang. Arts _____ Math _____

What is the student's **average grade** in these core subjects? Reading _____ Lang. Arts _____ Math _____

Has the student repeated any grades? No Yes Please list grade(s) repeated: _____

ACADEMIC / DEVELOPMENTAL PERFORMANCE

LISTED BELOW ARE A SERIES OF ACADEMIC AND DEVELOPMENTAL SKILLS. PLEASE CHECK THE RESPONSE THAT BEST DESCRIBES THE STUDENT'S CURRENT PERFORMANCE LEVEL.

	<u>Don't Know</u>	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>
Reading				
Decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math				
Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing				
Content (quality of ideas/structure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanics (grammar/punctuation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formation (neatness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Skills				
Using a pencil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tying shoelaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing most sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pronouncing words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telling stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding instructions (verbal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering facts, names, data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering what child just heard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIOR INVENTORY

Below is a list of behaviors in children. When completing this part of the questionnaire, check the first response that comes to mind in your assessment of the student. Please fill in the response that best describes this student's behavior.

	<u>Never</u>	<u>Little</u>	<u>Often</u>	<u>Always</u>
ATTENTION:				
Does not pay close attention to detail. Makes careless mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty maintaining attention for long periods of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty following instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not finish what is started however, not due to the refusal or failure to understand the instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems unorganized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reluctant to engage in challenging tasks requiring prolonged mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loses things necessary for tasks and/or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distractible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears not to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Never</u>	<u>Just a Little</u>	<u>Often</u>	<u>Almost Always</u>
--------------	--------------------------	--------------	--------------------------

ACTIVITY:

Fidgets or squirms in seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaves seat in classroom or other times when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs about or climbs excessively when s/he knows s/he should not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty playing quietly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is "on the go" or acts as if "driven by motor".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPULSIVITY:

Blurts out answers or questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty awaiting his or her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does things without considering consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupts or intrudes on others (discussions, games, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPPOSITION:

Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to obey rules or commands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately annoys people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blames others for his or her mistakes or misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is touchy or easily annoyed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems angry/resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiteful or wants revenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANXIETY:

Excessive worrying that is difficult to control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, keyed up, on edge or nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Mind going blank"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEPRESSION:

Depressed or sad mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low energy or fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low self esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses feeling of hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEER INTERACTION SKILLS:

Has a best friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows good sportsmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is bossy – Needs to be in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is physically aggressive with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefers to play by him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets teased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefers peers who are:				
Same age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Younger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any concerns about the way the child relates to other children?

If so, please explain on next page.

Please indicate whether the student presents any **PROBLEMS WITH COMPLIANCE TO INSTRUCTIONS, COMMANDS OR RULES** in the following situations by filling in the "yes" or "no" response space. If you answer "yes", then circle the number that most appropriately indicates the severity of the problem. (Reprinted with permission)

SITUATIONS:	NO	YES	MILD						SEVERE		
When arriving at school	No	Yes	1	2	3	4	5	6	7	8	9
During individual desk work	No	Yes	1	2	3	4	5	6	7	8	9
During small group activities	No	Yes	1	2	3	4	5	6	7	8	9
During free-play time in class	No	Yes	1	2	3	4	5	6	7	8	9
During lectures or instruction	No	Yes	1	2	3	4	5	6	7	8	9
At recess	No	Yes	1	2	3	4	5	6	7	8	9
At lunch	No	Yes	1	2	3	4	5	6	7	8	9
In the hallways	No	Yes	1	2	3	4	5	6	7	8	9
In the bathroom	No	Yes	1	2	3	4	5	6	7	8	9
On field trips	No	Yes	1	2	3	4	5	6	7	8	9
During special assemblies	No	Yes	1	2	3	4	5	6	7	8	9
On the bus	No	Yes	1	2	3	4	5	6	7	8	9

PLEASE NOTE ANY ADDITIONAL COMMENTS OR INFORMATION THAT YOU FEEL WOULD HELP IN UNDERSTANDING THIS CHILD'S ACADEMIC, BEHAVIORAL, OR EMOTIONAL NEEDS:

Thank you for taking the time to complete this questionnaire.
 Please return the form to the parent or directly to
DE LA SALLE ACADEMY
 (See address/fax/email on page 1)