

**Christina Watson, Psy.D.
Clinical Psychologist, PSY 19976
16870 West Bernardo Dr., Ste 400
San Diego, CA 92127
858-342-4262**

TEACHER QUESTIONNAIRE

(Please note that the information you provide is a crucial component of the student's evaluation and will be included in the comprehensive report that is provided to the parents in order to assist with establishing any diagnosis and understanding how the student best learns. Thank you for your assistance.)

Today's date _____

Name of Student _____

School _____ Grade _____

School District _____

School phone number _____

Name of person completing this form _____

Role (primary teacher, resource teacher, etc.) _____

What are your main concerns about this student? _____

What are this student's strengths? _____

DEVELOPMENT:

Any observed delays in:

_____ Gross motor skills (specify:) _____

_____ Fine motor skills (specify:)

_____ buttoning _____ cutting straight lines _____ zippers

_____ tying shoes _____ holding a pencil _____ handwriting

_____ Speech and language (specify:) _____

HEALTH:

Any suspected vision impairment? Yes _____ No _____

Any suspected hearing impairment? Yes _____ No _____

Does this student miss a lot of school due to illness? Yes _____ No _____

Do you know of any medications this student is currently taking? If so, please list:

Are you aware of any serious health issues in this student, such as head injury, chronic illness, etc.? If so, please list: _____

SCHOOL HISTORY:

Did this student attend preschool? _____ Where? _____

Has this student ever repeated a grade? _____ If so, which grade? _____

Has this student ever been tested by the school or another psychologist for special education services? _____ When? _____

(SUBMIT ALL REPORTS AND IEPs WITH THIS FORM)

Is this student currently receiving services under an IEP or 504 Plan? _____

If so, what services? _____

Are you aware of any other services that this student has received outside of school (tutoring, speech therapy, counseling, etc.)? If so, please list: _____

Please list any strategies you have used to assist this student with his or her challenges:

Please indicate how often this student exhibits the behaviors listed in the following chart:

Behavior	Rarely/Never	Sometimes	Often/Always
Makes detail or careless mistakes in work			
Has trouble holding attention in tasks or activities			
Does not listen when spoken to directly			
Fails to follow through on instructions and fails to finish tasks (loses focus, gets side-tracked)			
Difficulty organizing tasks and activities			
Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort			
Loses needed supplies			
Easily distracted			
Forgetful for daily routines			
Trouble staying focused on tasks that are not electronic or favorite activities			
Trouble with transitions			
Daydreams/Zones out			
Fidgets with or taps hands or feet, or squirms in seat			
Leaves seat in situations where remaining seated is expected			
Runs about or climbs in situations where it is not appropriate			

Behavior	Rarely/Never	Sometimes	Often/Always
Unable to play quietly			
Acts as if “driven by a motor” and is “on the go”			
Talks excessively			
Blurts out answers before questions have been completed			
Has trouble waiting his/ her turn			
Interrupts or intrudes on conversations			
Trouble knowing the names of letters and numbers			
Trouble tying shoelaces			
Trouble learning to tell time on a clock with hands			
Constant confusion of right vs. left			
Word-finding problems — lots of “thingies” and “what do you call it”s			
Poor ability to sound out words for reading			
Poor ability to sound out words for spelling			
Seems to learn information in school but quickly forget it			
Inconsistent performance; good days and bad days			

Behavior	Rarely/Never	Sometimes	Often/Always
Slow reading speed			
Weak reading comprehension			
Trouble memorizing math facts			
Trouble with applying math concepts, such as to word problems			
Messy penmanship			
Slow, non-automatic handwriting			
Trouble with written expression of ideas			
Trouble with verbal expression of ideas			
Weak vocabulary skills			
Does not seem to understand what he or she is being told			
Trouble following conversations with peers			
Seems to miss nonverbal social cues, such as tone of voice, body language, and facial expression			
Does not get humor or metaphors because he or she takes everything so literally			

Behavior	Rarely/Never	Sometimes	Often/Always
Poor spatial organization on paper (lining up words or keeping numbers in columns)			
Trouble learning to ride a bike; poor balance			
Clumsy, runs into things and falls more than peers			

Please describe this student's social relationships both in the classroom and in less structured settings: _____

Please include any additional information that you believe is relevant or may be helpful to me in understanding this student: _____

Thank you for your time and effort in completing this form.

Sincerely,
Christina Watson, Psy.D.