

TEACHER QUESTIONNAIRE

This child is being considered for services at Integra. This signed form authorizes you to provide us with information concerning this child’s learning disabilities and academic performance.

The completed form should be returned directly to Integra as soon as possible – our contact information is found at the bottom of this page. Thank you for your assistance.

Part 1: Child/Youth Information

Child’s Name: _____

Date of Birth ___/___/___ (DD/MM/YY) **Age:** _____ years _____ months

Parent/Guardian Signature: _____

Date: _____

Part 2: Present Classroom Placement:

Regular: _____ **Grade:** _____

Special Education Program (please specify): _____

Hours per day: _____

Board of Education: _____

School Name: _____

School Address: _____

Phone Number: _____

Teacher’s Name: _____

Part 3:

1. Does this child have a learning disability? Yes No

2. If yes, please describe the learning disability: _____

3. Describe their academic strengths and difficulties: _____

4. If this child is in a self-contained class, which subjects are they integrated for? _____

5. Please estimate the child's grade level and comment on their performance in the following areas:

Math: _____

Reading: _____

Reading Comprehension: _____

Spelling: _____

Writing: _____

Please include a copy of any recent academic assessments using standardized measures (eg. WRAT, Woodcock Reading Mastery test, etc).

6. Describe this child/youth's strengths and interests: _____

7. How do you think this child/youth's learning disability affects their interactions with peers?

8. Describe this child/youth's relationships with adults: _____

9. Describe how this child/youth copes with their feelings: _____

10. Describe this child/youth's behaviour: _____

11. Please describe any concerns, if any, that you have about this child/youth and what might be helpful for them: _____
