

Attention & Learning Assessment Services PLLC

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TEACHER QUESTIONNAIRE

Instructions: Parents/Caregivers please have your child's classroom teacher fill out the following form. If your child has multiple teachers, please choose the teacher that you believe knows him or her best. I will not speak with any school personnel without your consent.

Dear Teacher,

(Child's Name) is in the process of completing a comprehensive assessment of cognitive and academic functioning. The following questionnaire is extremely helpful in providing me an understanding of what you are noticing at school. Please return this form to the child's caregivers or email it to me at StephanieSharpLLC@gmail.com. Thank you!

Your name:

School:

Please describe your class (grade, number of students, type of school etc.):

Please describe this child's academic/learning strengths:

Please describe this child's academic/learning difficulties:

Do you have any questions you hope to have answered via this assessment?

Please estimate grade level and/or proficiency in the following areas:

Word reading/decoding:

Reading comprehension:

Spelling:

Written language:

Handwriting:

Arithmetic:

Science:

Other (please specify):

Does this child have any difficulty using or understanding language?

Does this child have difficulty learning new information?

Does this child have difficulty understanding abstract concepts?

Does this child have difficulty focusing or paying attention?

Does this child have difficulty keeping track of assignments / materials?

Does this child have difficulty transitioning between activities?

Please describe how this child gets along with peers and adults:

Does this child exhibit behavior problems at school?

Please describe how this child behaves during recess/unstructured time:

Do you have any concerns regarding this child's emotional functioning?

Please describe any attempts that have been made so far to address the child's difficulties (e.g. RTI, IEP, 504, or other classroom interventions, etc.):

Please use the space below for additional comments and/or concerns:

Can I contact you for additional information if needed (with parent consent)?

Phone number:

Best time(s) to reach you:

Your input is very much appreciated. Thank you for your time!

Dr. Stephanie Sharp

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