



Teacher Questionnaire

Parent to complete top box:

Child's Name: _____	Date: _____
Teacher's Name completing this form: _____	
School: _____	Grade: _____
Class(es) taught: _____	

Dear Teacher,

We would like to better understand the child listed above. Please complete this form in as much detail as possible, adding additional information if needed. We value your input, and greatly appreciate your time.

1. Does this child receive any specialized supports? This includes support through a formalized IEP/504 Plan, as well as any informal supports which you may provide.

2. Please describe any concerns you have about this child's learning.

3. Does this child exhibit any unusual behaviors? Does he/she have behavioral challenges which interfere with learning or social interactions?



4. How does this child interact with peers?

5. What are this child's strengths in school?

6. How have you found that this child learns best?

7. Is there anything additional that you feel is important to share about this child?

Teacher's Signature

Written Name

Date

Thank you for completing this form!
Please return directly to the parent.