

Parents: Please complete information in this box

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Doctor Requesting this Information: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Person/Position Completing Questionnaire: \_\_\_\_\_

1. Please list all your concerns about how this child is doing (including academic, social, physical areas):

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2. Please list all ways that this child does well:

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3. Does this child receive special education services or any additional help?  Yes  No  
If yes, please describe the program, including how much time per week the student receives this help.

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If No, Has a referral to special education been made?  Yes  No  
Do you plan to refer this child to special education?  Yes  No

4. Please mark how this child compares with others in the class in the following areas:  
(Please leave blank if you are uncertain)

	Excellent	Average	Weak	Very Weak	N/A
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Participation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Letter Formation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentence Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Volume Output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arithmetic Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross-motor Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine-motor Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing Multi-step Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Written Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation in Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Possible Problem Areas**

	None	Some	Definite
Makes Careless Mistakes/Poor Attention to Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems Sustaining, Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does Not Seem to Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fails to Finish Classwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids, Dislikes Schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often Loses Things/Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily Distracted by Extraneous Stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetful in Daily Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often Fidgets or Squirms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often Gets Out of Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often Runs About or Climbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has Difficulty Playing Quietly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems "On the Go" or "Driven by a Motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks Excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blurts Out Answers Before Question Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Won't Await Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupts or Intrudes on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Possible Problem Areas (Continued)**

	None	Some	Definite
Annoys Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starts Fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Social Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argues with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misbehaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breaks Serious Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately Destroys Others' Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. If you could choose three ways to help this child, what would they be?

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6. Please let us know what changes you have tried to help this child. Have these changes helped?

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Please relate any other information you would like us to know.

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**Thank you for your help.**

Please also send other school information (achievement or special education testing, report cards, examples of work) you think might help us understand this child. Please return all of this to the parent or guardian.