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TEACHER INFORMATION FORM

Child's Name: _____ **Child's Date of Birth:** _____

Child's School: _____ **Child's Grade:** _____

Teacher Completing Form: _____ **Date:** _____

Attendance Information
How long you have known this child:

Absences this school year:

Tardies this school year:

Academic Performance
Child's current grades:

Describe child's current grades compared to past grades this school year:

List any concerns about child's learning potential and cognitive development:

List any concerns about child's in-class performance and/or homework completion:

School Behavior
Describe child's attitude toward school and learning:

Describe child's ability to attend to tasks:

Describe child's typical response to teacher feedback:

List any behavior problems noticed for child at school and where the problems occur:

Social Interactions

Describe how this child interacts with school staff:

Describe how this child interacts with peers:

Perception of child's social skills compared to others for child's age:
Below average_____   Average _____   Above Average _____

Medical Concerns

Are there any hearing or vision concerns for the child (Y/N)? If yes, please describe:

Does the child appear sleepy or alert in class?

Are there any headache or stomachache complaints from the child?

Does the child visit the school nurse often (Y/N)? If yes, please provide details:

Other medical concerns for the child:

Educational Services

Is the child in a Gifted or High Ability Program (Y/N)? _____

Does this child have an Individual Education Plan (I.E.P.) (Y/N)? _____

Does this child have a 504 Plan (Y/N)? _____

If applicable, what are the child's educational diagnoses?

Services child receives at school (Check all that apply):
_____ None   _____ Speech and Language Services   _____ Occupational Therapy

_____ Physical Therapy   _____After school tutoring/homework club

_____ Remedial Instruction during school day (Subjects: _____)

_____Other (please specify):_____

Thank you.