

TEACHER QUESTIONNAIRE

**THIS FORM SHOULD BE COMPLETED BY THE PERSON(S) MOST FAMILIAR
WITH THE CHILD'S OVERALL FUNCTIONING.**

Name of School:

1. How long have you known, or did you know, this child?

2. How often, and for how long, do you, or did you, see this child?

For what subjects:

3. Actual Grade Level:	Current Instruction Level:	Special Ed. Services & Frequency:
	Reading Level:	
Student/Teacher Ratio:	Math Level:	
	Written Language Level:	

4. Is there, or was there, an unusual degree of absenteeism? No Yes If yes, please explain:

5. Dominant Language: English Spanish Other (please specify)

6. Any other names by which the child is known:

IMPORTANT

Please compare this child's functioning to that of same-aged children who do not have impairments.

If the child is in special education services, please be sure to compare his or her functioning to that of same-aged, unimpaired children who are in regular education.

III. INTERACTING AND RELATING WITH OTHERS

- NO problems observed in this domain; functioning appears age-appropriate.
If you selected this block, go directly to Section IV.
- YES, the child has problems functioning in this domain.
Please check a rating for each activity listed below.

RATING KEY FOR ACTIVITIES LISTED BELOW				
Compared to the functioning of same-aged children without impairments, this child has:				
1	2	3	4	5
No problem	A slight problem	An obvious problem	A serious problem	A very serious problem

	RATING					FREQUENCY OF PROBLEM			
	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
1. Playing cooperatively with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Making and keeping friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Seeking attention appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Expressing anger appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Asking permission appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Following rules (classroom, games, sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Respecting/obeying adults in authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Relating experiences and telling stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Using language appropriate to the situation and listener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Introducing and maintaining relevant and appropriate topics of conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Taking turns in a conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Interpreting meaning of facial expression, body language, hints, sarcasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Using adequate vocabulary and grammar to express thoughts/ideas in general, everyday conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has it been necessary to implement behavior modification strategies for the child? No Yes
 If yes, please explain below (e.g., behavior plan, personal assistant, time-out, quiet room, removal from the classroom, change of school placement, suspension, expulsion). Please be as detailed as possible.

What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed)

INTERACTING WITH OTHERS continued on the next page

