

Dear Parents:

Please fill out your child's full name and date of birth on the first page of the enclosed questionnaire.

Please ask your child's teacher(s) to complete the questionnaire as soon as possible. These questions are an important tool to help our clinicians evaluate your child. **We must get this form back before your child's appointment.**

Dear Teacher:

We'd appreciate it if you'd take the time to complete the enclosed questionnaire and return it to us within 2 weeks.

Your comments are a very valuable tool as our clinicians evaluate this child.

Please fax this form back to us at (864) 241-9205 or mail to:

Developmental Behavioral Pediatrics
Scheduling Office
200 Patewood Drive, Suite A200
Greenville, SC 29615

Thank you for taking the time to complete this questionnaire.

Sincerely,

Staff for Developmental/Behavioral Pediatrics

Children's Hospital Outpatient Center
200 Patewood Drive, Suite A200
Greenville, SC 29615
Phone (864) 454-5115
Fax (864) 241-9205



Center for Developmental Services - CDS
29 N. Academy Street
Greenville, 29601

DEVELOPMENTAL-BEHAVIORAL PEDIATRICS TEACHER QUESTIONNAIRE

Thank you for taking the time to complete this questionnaire. Teacher reports are among the most valuable information we receive in making medical and psychological diagnoses. Quite likely you will hear from a clinician as the process continues. Please feel free to attach any work samples that illustrate your concerns, and/or write additional comments not addressed in this questionnaire. Thank you again for your time and energy.

Student's Name: _____ Date: _____
Student's Age: _____ School District: _____
School: _____ Telephone: _____
Grade: _____ Position/Subject Taught: _____
From Completed by: _____

What specific questions would you like addressed in the current academic and/or developmental-behavioral assessment?

Describe this student's academic or behavioral difficulties that need the most improvement.

Describe this student's academic or behavioral strengths.

Child's name: _____ Date of Birth _____

Does this student receive special education services? **Yes** or **No**

If yes, please describe the special education category or services (for example, learning disabilities, speech, occupational therapy, emotional disabilities).

If yes, what is the model of service delivery (for example, self contained, one-hour of resource, individual therapy, group therapy)?

If yes, how often does the student receive these services (for example, speech therapy 30 minutes three times week, psychological counseling 30 minutes per week)?

If this student is not in special education:

1. Has this student been referred for psychological educational assessment? **Yes** or **No**
2. If so, when was the referral made? _____
3. And what were the major concerns at that time? _____

4. If not, does the student have a current 504 plan in place? **Yes** or **No**

Please rate this student's skills and academic behaviors in comparison with other students in the classroom. Place a check in the appropriate box. Please make additional comments in the space provided or on the back of the page.

Study Skills

	Not Applicable	Lowest in Class	Among the five lowest students	About Average	Above Average
Is motivated to learn					
Persists when task is difficult					
Completes homework					
Corrects own work					
Prepares for tests					
Turns in homework on time					
Completes assignments on time					
Thinks before acting					
Transitions to new tasks well					
Organizes materials					
Plans and organizes well					
Is a self starter					
Accurately estimates time needed to complete an assignment					
Works independently					
Desk area is messy					
Works well group projects					

Child's name: _____ Date of Birth _____

Additional comments or concerns on study skills: _____

Written Language Skills

	Not Applicable	Lowest in Class	Among the five lowest students	About Average	Above Average
Spelling					
Penmanship					
Writing speed					
Writing amount					
Overall neatness of writing projects					
Grammar					
Punctuation					
Writes complete sentences					
Writes complex sentences					
Develops well organized paragraphs					

Additional comments or concerns on written language skills: _____

Reading and Language

	Not Applicable	Lowest in Class	Among the five lowest students	About Average	Above Average
Sounds out words					
Reading speed					
Sight word vocabulary					
Reading comprehension					
Understands the main idea from a written passage					
Gains content information from reading					
Understands simple spoken directions					
Remembers multiple step instructions					
Understands written directions					
Speaking skills					

Additional comments or concerns on reading and language skills: _____

Child's name: _____ Date of Birth _____

Mathematics and Thinking Skills

	Not Applicable	Lowest in Class	Among the five lowest students	About Average	Above Average
Automatic recall of basic facts					
Short-term retention of subject matter facts					
Mental math					
Calculation					
Uses math to solve word problems					
Can break down complex problems					
Problem solving					
Draws logical conclusions from observations					
Solves simple problems in a speedy manner					
Sees cause and effect relationships					

Additional comments or concerns on mathematics and thinking skills: _____

Additional comments or concerns on overall academic skills: _____

Attention and Problem Behaviors

	Not Applicable	Never	Sometimes	Often	Always
Does not pay attention to details or makes careless mistakes in schoolwork					
Has difficulty sustaining attention to tasks or activities					
Does not listen when spoken to directly					
Does not follow through on instructions and fails to finish schoolwork					
Has difficulty organizing tasks and activities					
Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort					
Loses things necessary for tasks or activities					
Is easily distracted					

Child's name: _____ Date of Birth _____

	Not Applicable	Never	Sometimes	Often	Always
Is forgetful					
Fidgets with hands or feet or squirms in seat					
Leaves seat when remaining seated is expected					
Has difficulty playing or engaging in quiet play activities					
Is "on the go" or often acts as if "driven by motor"					
Talks excessively					
Blurts out answers before questions have been completed					
Has difficulty waiting in line					
Interrupts or intrudes in on others' conversations					
Argues with adults					
Loses temper					
Actively defies or refuses to comply with adult's requests or rules					
Deliberately annoys people					
Blames others for his or her mistakes or misbehaviors					
Is touchy or easily annoyed by others					
Is angry or resentful					
Is spiteful or vindictive					
Bullies, threatens, or intimidates others					
Initiates physical fights					
Lies to obtain things, favors, or to avoid obligations					
Is truant from school without permission					
Is physically cruel to people					
Has stolen items of non-trivial value					
Deliberately destroys other's property					
Is fearful, anxious, or worried					
Is self-conscious or easily embarrassed					
Is afraid to try new things for fear of making mistakes					
Feels worthless or inferior					
Blames self for problems or feels guilty					
Feels lonely, unwanted, or unloved					
Is sad or unhappy					

Additional Comments or concerns on attention and problem behaviors: _____

Thank you for your time.