

CENTER FOR CHILDREN WITH SPECIAL NEEDS

School Questionnaire

Parent / Guardian: Please complete this portion before giving it to the child's school.

Student's name _____ Date _____

I give permission for my child's school to send information to the CCSN (CCSNForms@tuftsmedicalcenter.org).

Parent/guardian signature _____ Date _____

I. General information

Child's Name _____ Male Female Age _____ Grade _____

Person Completing Form _____ Title: _____ Date _____

Name of School _____ School District _____ State _____

Main Teacher _____ Email _____

Guidance Counselor _____ Email _____

School Phone _____ School Fax _____

School Address _____

Type of School: Public Parochial Private Specialized Private Other: _____

Is the child in Special Education? Yes No Since _____ (year) Classified as: _____

How long have you been concerned about this student? _____

Please describe the **teachers' main CONCERNS** at this time: Please check if continued on last page

Please comment on this **student's STRENGTHS**:

Please comment on the **student's weakest areas** in school:

Is this student **gifted** in any areas?

II. History

Past and Current School Problems

For each of the following grades this student has completed, were any problems reported?

If YES, please describe:

	Yes	No	Academics	Behavior
Preschool and Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>		
First and Second Grade	<input type="checkbox"/>	<input type="checkbox"/>		
Third, Fourth and Fifth Grade	<input type="checkbox"/>	<input type="checkbox"/>		
Middle School	<input type="checkbox"/>	<input type="checkbox"/>		
High School	<input type="checkbox"/>	<input type="checkbox"/>		

School Intervention

	Yes	No	Comments
1. Was this student in an Early Intervention Program? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has this student ever received home-based services? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was this student in a special preschool program or Head Start? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has this student ever repeated a grade or subject? If yes, which grade(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has this student ever attended summer school? If yes, which grade(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has this student ever failed any competency exams (e.g. MCAS, other state testing)? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has this child had any non-special education academic support through the school district or privately? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Has this student ever needed any behavioral interventions? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have any disciplinary actions been taken (suspension or expulsion)? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
10. Has this student ever had a 504 plan? If yes, when did it start (year or grade)? Is this student still on a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
11. Has this student ever had an IEP and received special education services? If yes, when did it start (year or grade)? Is this student still on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
12. Has this student been placed in any special classes, programs or schools? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has this student ever had speech, occupational, or physical therapy? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Do you know if this student has ever taken any medications for attention, behavioral or emotional problems? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Have any particular programs or methodologies been necessary for this student to learn compared to other students in reading, math, or written language? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Have any particular behavioral strategies been necessary with this student? Specify in comments.	<input type="checkbox"/>	<input type="checkbox"/>	

Current Services

Please complete if IEP is not attached.

Current Services	Individual/ Group Size	Minutes	Frequency	In-class/Pull- out/Other	Treatment Goals
Special Education					
Speech/Language					
OT					
PT					
Counseling					
Tutoring in school					
Other Services:					

Testing

Please attach any standardized testing, report cards, school team summaries, or IEPs available for this student.

Name of Test (No abbreviations, please.)	Date Given	Grade/Year
Cognitive, Intelligence Testing		
Educational achievement Test		
Visual/Motor Integration Testing		
Speech/Language Testing		
Other:		

III. Current

Behavior: Indicate what best describes this student's behavior over the past 6 months. Please check box if behavior is because of medication, no medication or you don't know.

	Never	Sometimes	Often	Very Often	Medication
1. Fails to pay close attention to details or makes careless mistakes in schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
2. Has difficulty sustaining attention to tasks or activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
3. Does not listen when spoken to directly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
5. Has difficulties organizing tasks and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
7. Loses things necessary for tasks or activities (school assignments, pencils, books).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
8. Is easily distracted by extraneous stimuli.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
9. Is forgetful in daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
10. Fidgets with hands or feet or squirms in seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
11. Leaves seat in classroom or other situations when remaining seated is expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
12. Runs about or climbs excessively when remaining seated is expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
13. Has difficulty playing or engaging in leisure activities quietly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know

	Never	Sometimes	Often	Very Often	Medication
14. Is "on the go" or acts as if "driven by a motor."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
15. Talks excessively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
16. Blurts out answers before questions have been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
17. Has difficulty waiting in line.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
18. Interrupts or intrudes on others (e.g., butts into conversations or games).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
19. Loses temper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
20. Actively defies or refuses to comply with adult's request or rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
21. Is angry or resentful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
22. Is spiteful and vindictive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
23. Bullies, threatens, or scares others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
24. Initiates physical fights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
25. Lies to obtain goods or favors, or to avoid obligations (e.g., "cons" others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
26. Is physically cruel to people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
27. Has stolen items of nontrivial value.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know

	Never	Sometimes	Often	Very Often	Medication
28. Deliberately destroys others' property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
29. Is fearful, anxious, or worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
30. Is self-conscious or easily embarrassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
31. Is afraid to try new things for fear of making mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
32. Feels worthless or inferior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
33. Blames self for problems, feels guilty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
34. Feels lonely, unwanted or unloved; complains that 'no one loves me.'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
35. Is sad, unhappy, or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
36. Has said things like "I wish I were dead" or has tried to hurt self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
37. Has distinct periods where mood is unusually irritable OR unusually good, cheerful, or high which is clearly excessive or different from normal mood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
38. Seems to have compulsions (repetitive behaviors that this student seems driven to carry out, such as repeated hand washing, counting, or erasing until holes appear).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
39. Seems to have obsessions (persistent or repetitive thoughts that distress this student, such as worry about germs or doors left unlocked).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know

	Never	Sometimes	Often	Very Often	Medication
40. Has prolonged temper tantrums (greater than 20-30 minutes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
41. Hears voices telling the student to do bad things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
42. Seems unaware of others existence, is uninterested in interacting with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
43. Has odd, eccentric or unusual preoccupations (e.g., clothing items, toys, neatness) or has to do things a certain way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
44. Appears uninterested in activities students his or her age usually like or participate in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
45. Misses school/excessive absence or tardiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
46. Is hungry or appears hungry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
47. Is tired or appears tired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
48. Is poorly groomed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
49. Complains about events at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know
50. Describes problems in family life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medication <input type="checkbox"/> No medication <input type="checkbox"/> Don't know

Is there anything else that would be helpful for us to know about the student or family situation? Specify:

Learning Problems

We are interested in whether this student has learning problems above and beyond what would be expected for age. Indicate what best describes the student's learning problems over the past 6 months.

	Never	Sometimes	Often	Very Often
1. Has trouble learning new material in an appropriate time frame for age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Unable to tell time, days of the week, months of the year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can't repeat information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Knows material one day; doesn't know it the next.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has trouble keeping several different things in mind while working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has trouble following multi-step directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Rushes through work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Works too slowly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Says things that have little or no connection to what others are discussing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Depends on teacher for repetition of task instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has difficulty copying written material from blackboard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Difficulty orienting self (i.e., gets lost, can't find way).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has poor spatial judgment and often bumps into things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Confuses directionality (up/down, left/right, over/under).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has poor spatial organization on paper (difficulty staying in lines, maintaining space between words, staying within page margins).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Mixes up capital and lower case letters when writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Reverses letters and numbers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has trouble expressing words or events in correct order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Often mispronounces known or familiar words.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has trouble verbally expressing thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has difficulty distinguishing long vowel sounds and short vowel sounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has trouble expressing thoughts in writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Can do math computation but has trouble with word problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has difficulty learning math facts and common number patterns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Displays poor word attack skills (can't sound out words).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Puts wrong number of letters in words.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Confuses consonant sounds, for example: d-b, d-t, m-n, p-b, f-v, s-z.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Unable to keep place on page when reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Reads slowly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Doesn't comprehend what he/she reads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Classroom Behavior

Please select the appropriate number:	Above Average		Average	Below Average	
1. Understanding verbal instructions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Classroom assignment completion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Organizational skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Getting homework to and from school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. Homework completion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. Relationship with peers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. Following directions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. Disrupting class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. Verbal participation in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. Consideration of others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. Effort (e.g., tries his/her best)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. Ability to recover easily from disappointments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13. Cognitive ability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14. Emotional maturity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. Behavior in less-supervised situations (recess, lunchroom, playground)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16. Motivation to learn	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

School Performance

Please select the appropriate number:	Exceeds Standards		Meets Standards	Below Standards	
1. Reading decoding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Reading comprehension	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Reading rate/fluency	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Spelling accuracy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. Mathematics concepts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. Mathematics computation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. Handwriting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. Writing rate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. Punctuation/grammar	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. Ability to express thoughts through writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. Gross motor skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. Fine motor skills (using pencil & scissors)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Summary

Please **summarize this student's OVERALL functioning** (i.e., emotionally, behaviorally, socially, academically, etc.) by choosing ONE number below. Compare this student's functioning in 2 settings—at school and with peers—to “average students” his/her age who you are familiar with. **Please check only one number.**

- Excellent** functioning / No impairment in settings.
- Good** functioning / Rarely shows impairment in settings.
- Mild** difficulty in functioning / Sometimes shows impairment in settings.
- Moderate** difficulty in functioning / Usually shows impairment in settings.
- Severe** difficulties in functioning / Most of the time shows impairment in settings.
- Needs considerable supervision in all settings** to prevent from hurting self or others.
- Needs 24-hour care and supervision** because of severe behavior or gross impairment(s).

Additional Comments:

Thank you for your time and effort on behalf of this child. Your perspective and information are essential for our evaluation and the family's understanding of their child's functioning. We look forward to working with you. Please feel free to contact us if there are any questions.

Parent and Teacher Developmental Assessment Questionnaires were developed by the Center for Children with Special Needs, Tufts Medical Center, Box #334, 750 Washington Street, Boston, MA 02111. 617.636.7242.