

**DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS  
TEACHER QUESTIONNAIRE**

DATE \_\_\_\_\_

MR# \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

**Dear Teacher/Childcare provider:** This child is scheduled for an evaluation in our program. Your input is an invaluable part of our ongoing support of this family. Please complete the portions of this questionnaire that are applicable to your interaction with this child. If more than one teacher wishes to contribute information, please feel free to copy this form.

Completed questionnaires can be **given to parents to return to us**, faxed to 617-421-2699, or **mailed to: Developmental and Behavioral Pediatrics, 133 Brookline Ave Boston, MA 02215** If you have any questions or concerns please feel free to call us at **(617) 774-0774**.

**Thank you very much for your time!**

Teacher(s) Name \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Grade \_\_\_\_\_ Type of Class \_\_\_\_\_

Number of students in class (regular and SPED) \_\_\_\_\_

Number of classroom staff \_\_\_\_ How well do you know this student? \_\_\_\_\_

**1. Please list concerns about learning and behavior. It will be most helpful if you can give an observable/measurable example of what he or she is doing that has led to your concerns.** \_\_\_\_\_

\_\_\_\_\_

**2. What does the student do well?**

**Academic/Pre-academics:** \_\_\_\_\_

**Social/Play/Communication:** \_\_\_\_\_

**3. Please use the grid below to rate this child in the following areas:**

	Appropriate for age	Delayed
Verbal expression (oral or written)		
Following directions and rules		
Art/Handwriting		
Problem solving skills		
Participating in class/group		
For school age children:	Appropriate for age	Delayed
Reading skills		
Counting/Math		
Remembering skills over time		
Organization		

**4. Are there any barriers to the student's learning? Please describe.**

**Attention:**

**Behavior:**

**Communication:**

**Social Skills:**

**Level of independence:**

**Refusal to work:**

**Transitions:**

**Emotional:**

**Other (please specify):**

**5. Compared to his/her peers, describe how the student interacts with others.**

**With adults:**

**With peers:**

6. Please indicate if you observe any of the following for this child. Please elaborate where appropriate

Observed behavior	Yes	No	Comments:
Seems sad much of the time			
Makes negative comments about self			
Loses temper easily			
Late for school or misses school often			
Tries to be class clown			
Is excluded or picked on by others			
Tends not to make eye contact			
Is alone much of the time			
Has preoccupations (PLEASE SPECIFY)			
Makes repetitive movements of the body			
Uses repetitive language			
Uses an unusual tone of voice or way of speaking (PLEASE SPECIFY)			
Has a poor sense of personal safety			
Seems to be over or under sensitive to sound, movement, textures, certain foods, etc. PLEASE SPECIFY:			

**7. If the student exhibits challenging behaviors, please describe the pattern of the behavior:**

**Please describe the challenging behaviors.**

**What happens before the behavior occurs?**

**What happens after the student exhibits the behavior?**

**Do you have any concerns about other behaviors not otherwise listed? Please explain.**

**8. Does this child have an IEP or 504 plan? Y N**

**What services are being provided and how often? If none, please leave blank.**

**Academic support:** \_\_\_\_\_

**Speech/language therapy:** \_\_\_\_\_

**Occupational therapy:** \_\_\_\_\_

**Physical therapy:** \_\_\_\_\_

**Counseling:** \_\_\_\_\_

**Social Skills training:** \_\_\_\_\_

**Other: (specify):** \_\_\_\_\_

**9. Are there other (formal or informal) strategies you have used specifically for this child because of your concerns? How did the student respond?**

**Academic/Behavioral Intervention:**

**Response:**

**Social Intervention:**

**Response:**

**10. If you have any other comments or input, please include below:**