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TEACHER QUESTIONNAIRE

Date: _____

Child's Name: _____ Age: _____ Grade: _____

Form completed by: _____ Position: _____

School: _____ District/Private: _____

Type of classroom: _____ Number of children in classroom: _____

Services received: _____

Telephone: _____ School Psychologist: _____

Please describe this child's academic and behavioral strengths as you see them.

Please describe the child's academic and behavioral difficulties as you see them.

Does this child have friends? Please describe any social difficulties you have observed:

Please describe any unusual behaviors you have noted:

Is this child absent often? YES NO If yes, for what reason(s)?

If applicable, please describe behavior management approaches used to maintain or improve this child's behavior. In your opinion, how effective are these methods with this child?

Is this child receiving Response-to-Intervention (RTI) monitoring and interventions? Please describe and include copies of data (e.g., DIBELS, SRI) and describe curricula used for intervention.

Does this child receive additional support services? Circle one: IEP 504 Learning Support
 Target(s) of additional services: _____

Has this child received a psychological or psychoeducational evaluation? YES NO
 If yes, date: _____ Provider: _____

Please rate this child's typical performance in each area as compared to the other children in your class. Please mark an X in the appropriate column under, "Typical Performance" and provide an estimate of the child's current ability level (e.g., if the child is reading on a first grade level, write 1st). Please add additional subject areas as appropriate.

	Failing	Below Average	Average	Above Average	Child's estimated grade level
Reading - Decoding					
Reading - Fluency					
Reading - Comprehension					
Spelling					
Written Expression					
Mathematics - calculation					
Mathematics - applied problems					

THANK YOU!!