



Providing children and their families with quality diagnostic and educational services

TEACHER QUESTIONNAIRE

Student: _____
Date of Evaluation: _____

The above student has been scheduled for an evaluation of his/her learning profile at the Learning Curve. Any information you would be willing to share with us regarding your impression of this child's performance would be appreciated.

1. What would you most like to learn from this evaluation?

2. Please describe this student's performance within your classroom setting, including areas of strength and weakness.

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3. How would you describe this student's interactions with peers?

4. Do you currently have any concerns regarding this student? If yes, please describe:

5. To help us in developing the most appropriate recommendations, please discuss educational programs, strategies, methods and materials, which have been implemented with this student. Please comment on the effectiveness of instruction.

Thank you for completing this form. We look forward to speaking with you further regarding the evaluation.

Name of person completing this form: _____

Position: _____

Telephone and/or email: _____

Date: _____