

EDUCATOR'S QUESTIONNAIRE  
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Fax: 1-866-846-6939

Date

Student Name

Birth Date

Present Grade Level or Placement

School Contact Information

Name of School:

Address:

Questionnaire completed by:

Position:

Email:

## EDUCATOR'S QUESTIONNAIRE

Describe the student's present placement (include type of classroom, special remedial support or special programming) and whether IPRC has been accessed or is planned.

Does student receive in-class or withdrawal support? Yes

\_\_\_ hrs. per day \_\_\_ hrs. per week

Name of resource teacher or other professional providing this support

Who initiated the concern that prompted this referral to the doctor?

Please list this student's strengths

Please list this student's difficulties

List specific concerns and questions you would like answered to help you with this student

## EDUCATOR'S QUESTIONNAIRE

How does this student get along with adults and peers?

Indicate if any of the following reports are available and if so, attach copies:

In school testing

Psychological assessment

Speech and Language Pathology report

Occupational Therapy report

Which of the following professionals are/have been involved with this student?

If yes, please name the professional:

1. Resource Teacher (SERT)
2. Speech & Language Pathologist
3. Occupational Therapist
4. Psychometrist /Psychologist

## EDUCATOR'S QUESTIONNAIRE

**Student Performance: (For elementary school students)** – Please estimate the areas of concern as you see them and what you suspect is this student's level relative to curriculum expectations. This may be subjective and not necessarily based on any actual achievement testing.

	Major Concern	Minor Concern	No Concern	Advanced for age
<b>Reading</b>				
Word Recognition				
Oral Reading				
Silent Reading				
<b>Spelling</b>				
Accuracy				
<b>Writing</b>				
Punctuation				
Legibility				
Volume output				
<b>Written Language</b>				
<b>Motor Skills</b>				
<b>Arithmetic</b>				
Computation				
Problem Solving				
<b>Language</b>				
Word pronunciation				
Comprehension				
Instruction				
Oral sentence structure and fluency				

## EDUCATOR'S QUESTIONNAIRE

OBSERVATION	Not at all	Just a little	Pretty much	Very much
<b>INATTENTION</b>				
Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities				
Often has difficulty sustaining attention in tasks or play activities				
Often does not seem to listen when spoken to directly				
Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)				
Often has difficulty organizing tasks and activities				
Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)				
Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)				
Is often easily distracted by extraneous stimuli				
Is often forgetful in daily activities				

## EDUCATOR'S QUESTIONNAIRE

<b>HYPERACTIVITY</b>				
Often fidgets with hands or feet or squirms in seat				
Often leaves seat in classroom or in other situations in which remaining seated is expected				
Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)				
Often has difficulty playing or engaging in leisure activities quietly				
Is often "on the go" or often acts as if "driven by a motor"				
Often talks excessively				
<b>IMPULSIVITY</b>				
Often blurts out answers before questions have been completed				
Often has difficulty awaiting turn				
Often interrupts or intrudes on others (e.g., butts into conversations or games)				

Does this student have access to a computer or tablet? Yes

Does this student have SEA funding? (advanced technology and training) Yes

Does this student have any special interests or talents?

## EDUCATOR'S QUESTIONNAIRE

How serious do you feel that this problem is at this time?

Any additional comments on this student and/or the format of this questionnaire?

Thank you!

Please fax completed questionnaire to **1-866-846-6939** or  
email to **drcjspaeds@icloud.com**