



Ptarmigan Pediatrics, LLC
950 E. Bogard Road, Suite 233
Wasilla, Alaska 99654



Dear Teacher,

We have been asked to evaluate this child because of concerns over his/her behavior. Your input as his/her school teacher will be an important component of our evaluation. Therefore, we ask that you complete this questionnaire to elicit your observations and professional opinions about this child.

We hope to establish open lines of communication between the family, the health care providers and the education providers. If you have any questions about this form, or about the evaluation process or results, please call our office at 907-357-4543. Once you complete the questionnaire, please give it to the parents.

Thank you for contributing important information to this evaluation. We hope it will prove helpful to you and the family.

Sincerely,

The Staff at Ptarmigan Pediatrics



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Date: _____

Teacher Questionnaire – Part I

Child's Name: _____

School: _____

Grade: _____

Teacher(s): _____

Resource Teacher: _____

School Nurse: _____

1. Please describe this child's school difficulties and strengths as you see them:

2. Please list any aspects of this child's behavior, which you would consider problematic: (If you need more room, please attach a separate sheet to this form.)

3. Has this child been absent from school excessively? Yes / No



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4. Current School Progress: Please rate this child's achievement in basic academic skills in relation to his/her classmates:

| | | |
|---------------|---------------------------|---------------|
| Below Average | Average Reading | Above Average |
|---------------|---------------------------|---------------|

| | | |
|---------------|----------------------------|---------------|
| Below Average | Average Spelling | Above Average |
|---------------|----------------------------|---------------|

| | | |
|---------------|------------------------------|---------------|
| Below Average | Average Arithmetic | Above Average |
|---------------|------------------------------|---------------|

| | | |
|---------------|------------------------------|---------------|
| Below Average | Average Penmanship | Above Average |
|---------------|------------------------------|---------------|

| | | |
|---------------|---------------------------------------|---------------|
| Below Average | Average Written Composition | Above Average |
|---------------|---------------------------------------|---------------|

5. Does this child:

a. stay focused on the task at hand? Yes / No If no, what seems to distract him/her?

b. understand spoken language adequately? Yes / No

c. express himself/herself orally in a way that is easily understood Yes / No

d. recognize visual similarities and differences, e.g., in geometric shapes; letters? Yes / No

e. comprehend visual information, e.g., pictures, demonstrations, charts? Yes / No

f. remember what he/she had learned (consider both short- and long-term memory) Yes / No

g. understand abstract concepts? Yes / No



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Does this child:

- h. draw logical conclusions from information, i.e., problem-solve? Yes / No
- i. have the manual dexterity to manipulate classroom materials? Yes / No
- j. work independently on assignments on his own initiative? Yes / No
- k. complete, and turn in assignments on time? Yes / No
- l. show creativity and originality? Yes / No
- m. accept responsibility? Yes / No
- n. follow classroom rules? Yes / No
- o. demonstrate special talents or interests? Yes / No
- p. get along well with other children? Yes / No
- q. demonstrate adequacy in physical education or playground activities? Yes / No
- r. is his/her attitude generally positive? Yes / No
- s. does he/she seem to like school? Yes / No

6. Please place a checkmark by each of the following behaviors that this child displays to a greater extent than most of his/her classmates:

| | | |
|--|----------------------|------------------------|
| Distractibility | Short attention span | Hyperactivity |
| Temper outbursts | Daydreaming | Deviant speech pattern |
| Other unusual behaviors (please specify) | | |
| | | |

7. Have any special considerations within the classroom been made for this child, e.g., special study area, reduced homework assignments? Yes / No If yes, please describe:
