

Prestige Evaluation and Consulting Services, LLC

903 18th Street, Suite 218

Plano, TX 75074

Phone: 214-274-9386; Fax: 214-473-4246

Teacher Questionnaire

Student's Name: _____ Teacher's Name: _____

Subject Instructed: _____ Time Known Student: _____

1. Please describe your observations of the student's *strengths* in the following areas:

a. Academic

b. Behavioral/Emotional

c. Attention

d. Social

2. Please describe your observations of the student's *challenges* in the following areas: (Please be as specific as possible and attach any supporting or useful information)

a. Academic

b. Behavioral/Emotional

Date: _____

c. Attention/Organization

d. Social

Interventions	Length of Time Implemented	Frequency of Intervention	Response to the Intervention

3. What are your top 3 concerns? How would you rank them in order of importance? (1 being a top priority to address)

4. What type of services, accommodations, and/or level of instruction (modified or accommodated-co-teach/inclusion) do you feel would best benefit this student?

5. Please feel free to attach additional notes or observations and/or provide additional comments on the back. *Prestige Evaluation and Consulting Services* would like to sincerely thank you for taking the time to provide this information, as your input is an integral component of this evaluation.

Best Regards,

Daralyn A. Plains, Ph.D.
Licensed Psychologist