



**Campagnoni ~ Hartlen & Associates
Psychologists**

TEACHER QUESTIONNAIRE for ASSESSMENT PURPOSES

Your student has been referred for psychological services. We appreciate your support in completing the following questions and returning at your earliest convenience.

Thank you for your valuable input!

Child's Name: _____

Teacher Name: _____

Today's Date: _____

School/Grade: _____

Subject(s) Taught: _____

Number of students in classroom: _____

Services/Supports Currently Required (e.g., Documented Adaptations, IPP, Learning Centre Support, Resource Support, Behaviour Support, Teacher Assistant Support, etc.):

HOW WOULD YOU DESCRIBE YOUR STUDENT'S:

Academic Skills?

Social Skills?

Attention Skills?

Areas of Strength?

Areas Needing Further Development?

Attendance?

Behavior Problems?

Memory Problems?

Organization Problems?

Disciplinary Techniques (if necessary):

Your impression of how the student is performing to date:

DO YOU HAVE CONCERNS FOR...

Hearing or vision problems?

Gross or Fine motor problems?

Sensory issues?

Social-Emotional Issues or Traumatic History (Physical or Emotional)?

Sleep Issues?

Is there any other information that you would like to share (use back page if needed)?

