

SCHOOL QUESTIONNAIRE



Developmental-Behavioral Pediatrics Program
Rochester General Hospital
 Wilson Medical Building, 2nd Floor, Suite 260
 800 Carter Street
 Rochester, NY 14621
Phone (585) 922-4698 Fax (585) 922-5702

Name of Student:		Today's Date:	
Date of Birth:	Age:	Grade:	
School Name:		School District:	
School Address:			
Form Completed By:		Position:	
With help from:		Position:	
School Contact Person:		Phone Number:	()

Please list the student's strengths, both academic and non-academic:

1.	
2.	
3.	

Please list your major concerns for this student, including academic, behavioral, and/or social:

1.	
2.	
3.	

What modifications, strategies, or approaches have been tried? What were the results?

Please attach the following:

- Reports of individual or group testing** that have been performed on this student (e.g. psychological, academic, standardized state tests, speech/language, OT/PT, behavioral assessments, etc...).
- Recent report card**
- If applicable, copies of the student's **IEP**, **504 Plan**, and/or **Behavioral Intervention Plan**

Student's Name: _____ DOB: _____

Please describe the student's current educational program:			
Program	Frequency	Period of time child has received service	Direct Service or Consultation?
<input type="checkbox"/> Regular Education Class			Not Applicable
<input type="checkbox"/> Blended/Integrated Class			
<input type="checkbox"/> Co-taught Class			
<input type="checkbox"/> Specialized Class (specify) <input type="checkbox"/> 15:1:1 <input type="checkbox"/> 12:1:1 <input type="checkbox"/> 8:1:1 <input type="checkbox"/> 6:1:1			
<input type="checkbox"/> Support Services			
<input type="checkbox"/> 1:1 aide			
<input type="checkbox"/> AIS (specify):			
<input type="checkbox"/> Consultant Teacher			
<input type="checkbox"/> Counseling			
<input type="checkbox"/> Occupational Therapy			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Resource Room			
<input type="checkbox"/> Response to Intervention (RtI)			
<input type="checkbox"/> Speech/Language Therapy			
<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Individual Education Plan (IEP); Classification: _____			Not Applicable
<input type="checkbox"/> 504 Plan			
<input type="checkbox"/> Behavior Intervention Plan			

ACADEMIC SKILLS

Please describe the student's classroom performance in the following areas:
 (*Please note the grade level at which the student **performs**; a report card may be included **in addition** to this information, though should not be sent in lieu of this information.)

Subject	Grade Level*	Comments (including approach/materials being used)
Reading		
Spelling		
Handwriting		
Written Expression		
Math		
Social Studies		
Science		

Student's Name: _____ DOB: _____

COMMUNICATION SKILLS

Please discuss your observations for this student in the following areas:

Language comprehension	
Verbal expression	
Participation in discussion	
Ability to "read" social situations	
Conversational skills	

BEHAVIORAL OBSERVATIONS

Please check behaviors that you have observed in this student:

<input type="checkbox"/>	Disorganized	<input type="checkbox"/>	Easily frustrated
<input type="checkbox"/>	Fails to finish tasks	<input type="checkbox"/>	Anxious
<input type="checkbox"/>	Fidgety/restless	<input type="checkbox"/>	Irritable
<input type="checkbox"/>	Inattentive/distracted	<input type="checkbox"/>	Low self-esteem/self-confidence
<input type="checkbox"/>	Impulsive	<input type="checkbox"/>	Often seems fatigued
<input type="checkbox"/>	Inconsistent performance	<input type="checkbox"/>	Sad/depressed
<input type="checkbox"/>	Task avoidance	<input type="checkbox"/>	Somatic complaints (headaches/bellyaches, trips to nurse)
<input type="checkbox"/>	Aggressive	<input type="checkbox"/>	Peer difficulties:
<input type="checkbox"/>	Defiant	<input type="checkbox"/>	Difficulty making friends
<input type="checkbox"/>	Disruptive	<input type="checkbox"/>	Self-absorbed/in own world
<input type="checkbox"/>	Easily angered	<input type="checkbox"/>	Socially isolated

Comments & Observations:

Please return this form to the address or fax number on the first page at your earliest convenience.

THANK YOU FOR YOUR TIME AND EFFORT ON BEHALF OF THIS STUDENT.