

Intake Teacher Questionnaire

Thank you for your collaboration.

Thank you in advance for taking the time to complete this questionnaire. Because you interact with this child on a regular basis, your observations provide an essential perspective that cannot be captured through testing alone. Your insights into the child's behavior, learning style, social interactions, and classroom performance play a key role in understanding the child's strengths and areas of need. This information directly informs the development of an individualized and effective treatment plan tailored to the child's unique profile. We greatly value your thoughtful input and the time and care you dedicate to supporting this child. Your collaboration is meaningful and essential to achieving the best possible outcomes.

Child Information

Name: Grade: Age: School:

Teacher Information

Name:

Role/Position:

Classroom Teacher Special Education Teacher Interventionist Support Staff Other

Classroom setting:

General Education Resource Room Self-Contained Inclusion/Co-Teaching Other

Teacher-Student Ratio:

1:1 1:2-1:5 1:6-1:10 1:11-1:15 1:16-1:20 1:21-1:25 1:26-1:30 >1:30

Subjects Taught:

Reading/ELA Math Science Social Studies Specials Other

How frequently do you interact with the child?

Daily A few times a week Weekly Occasionally

How long have you known the child?

Date you completed this questionnaire:

Contact information (email and/or phone number):

Service(s) Information

Does the child receive an IEP or 504 Plan? Yes No

If yes, under what classification(s) do they qualify?

Does the child receive any services? If yes, please indicate the type, frequency, and setting below

Service Type	Sessions/Week					Min/Session	Classroom Setting			
Speech and Language Therapy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Physical Therapy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Occupational Therapy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Specialized Instruction in Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Specialized Instruction in Math	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Specialized Instruction in Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Tutoring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Social Skills Training/Groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Behavioral Therapy/Behavioral Intervention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Paraprofessional / 1:1 Aide Support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Interpreting Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Health / Nursing Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Deaf and Hard of Hearing Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Vision Services / Teacher of the Visually Impaired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Orientation and Mobility Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Audiology Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Transportation Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl
Adaptive Physical Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>	<input type="checkbox"/> Gen	<input type="checkbox"/> Res	<input type="checkbox"/> Self	<input type="checkbox"/> Incl

Setting: Gen = General Ed, Res = Resource Room, Self = Self-Contained, Incl = Inclusion/Co-Teaching

Other (please specify):

- Difficulty understanding quantity, counting, or one-to-one correspondence
- Lacks fluency with basic facts
- Frequently makes errors in multi-digit computation (addition, subtraction, multiplication, division)
- Confuses or omits steps in multi-step math problems
- Difficulty comparing, ordering, or rounding numbers
- Cannot understand or manipulate fractions, decimals, or percentages
- Trouble with math vocabulary or symbols
- Difficulty solving word problems or identifying what is being asked
- Cannot apply strategies to solve multi-step or real-world problems
- Frequent calculation errors or reversals
- Trouble with math reasoning or pattern recognition
- Difficulty reading or interpreting charts, tables, or graphs
- None of the above

Writing

- Poor handwriting or letter formation
- Frequent spelling errors, even with simple words
- Limited written output or idea generation
- Difficulty constructing paragraphs or multi-sentence responses
- Struggles to organize thoughts in a logical sequence
- Lacks a clear beginning, middle, and end in written work
- Difficulty staying on topic or maintaining focus throughout writing
- Struggles with sentence structure (e.g., run-ons, fragments)
- Writing lacks clarity or coherence for the intended audience
- Difficulty developing or supporting main ideas with evidence/details
- Writing lacks purpose or is inappropriate for the assigned task
- Spelling errors interfere with readability or grade-level expectations
- Grammar or punctuation errors are frequent and impact communication
- Limited vocabulary use or overreliance on basic/high-frequency words
- None of the above

Social Studies

- Difficulty understanding historical events or timelines
- Trouble interpreting maps, charts, or visuals
- Cannot connect events or analyze causes/effects
- Limited retention of facts or key terms
- Struggles to compare and contrast cultures, communities, or eras
- Limited understanding of government structures, roles, or civic responsibilities
- None of the above

Science

- Difficulty understanding and applying the scientific method
- Struggles to recall and explain basic scientific concepts
- Difficulty forming hypotheses or drawing conclusions
- Trouble following procedures in experiments
- Difficulty interpreting graphs, charts, and scientific diagrams
- Struggles to understand cause-and-effect relationships
- Cannot apply science knowledge to new contexts
- Trouble making predictions based on evidence
- Difficulty writing lab reports or analyzing results
- Difficulty connecting scientific concepts to real-world applications
- Limited ability to explain or communicate scientific reasoning
- None of the above

Homework

- Homework is frequently not turned in
- Homework is often incomplete
- Homework is turned in late

- Homework appears rushed or done with minimal effort
- Homework shows little understanding of material
- Homework is inconsistent (sometimes complete, sometimes not)
- Homework turned in does not meet directions or expectations
- None of the above

Behavioral Concerns

Compared to other children the child's age, do you have any **significant** concerns regarding the areas below?

Work Habits and Academic Behaviors

- Disrupts class instruction
- Talks out of turn / excessively talks
- Refuses to follow directions
- Leaves seat without permission
- Uses inappropriate language
- Displays aggressive behavior (verbal)
- Displays aggressive behavior (physical)
- Is defiant or argumentative
- Teases, bullies, or intimidates peers
- Throws objects
- Damages school property
- Displays inappropriate gestures or facial expressions
- Avoids work / refuses to complete tasks
- Tantrums or complains
- None of the above

Participation and Engagement

How would you rate the student's classroom participation?

- Actively participates
 Occasionally participates
 Rarely participates
 Refuses or avoids participation

Attendance

Does the child have any attendance concerns (e.g., frequent absences, tardiness, school refusal)?

- Yes No If yes, explain:

Emotional Concerns

Compared to other children the child's age, do you have any **significant** concerns regarding the areas below?

- Becomes easily frustrated or upset
- Displays sudden mood swings
- Cries frequently or unexpectedly
- Appears anxious or worried
- Is withdrawn from peers or adults
- Shows lack of interest or motivation
- Overly sensitive to criticism or feedback
- Expresses feelings of worthlessness or self-doubt
- Displays low self-esteem
- Clings to teacher or seeks excessive reassurance
- Displays anger or irritability
- Expresses hopelessness or sadness
- Has trouble controlling emotions
- Exhibits nervous habits (nail biting, rocking, hair pulling)
- Complains of headaches/stomachaches with no medical cause
- Displays fear of failure or making mistakes
- Difficulty accepting changes in routine
- Becomes easily overwhelmed by tasks or environment
- None of the above

Social Concerns

Compared to **other children the child's age**, do you have any **significant** concerns regarding the areas below?

- Avoids eye contact or interaction
- Has difficulty making or keeping friends
- Isolates self from peers
- Prefers to play/work alone
- Is rejected or excluded by peers
- Engages in inappropriate or immature behavior to gain attention
- Has trouble taking turns or sharing
- Displays poor sportsmanship (difficulty losing, blames others)
- Difficulty understanding social cues (tone, body language)
- Dominates group activities or conversations
- Struggles to express self appropriately in social situations
- Appears unaware of personal space
- Gets into frequent conflicts with peers
- Exhibits bullying behavior
- Is overly attached to one peer or adult
- Expresses feeling left out or lonely
- Avoids group work or cooperative activities
- Appears overly shy or anxious in social situations
- Laughs or acts out at inappropriate times
- None of the above

Cognitive Concerns

Compared to **other children the child's age**, do you have any **significant** concerns regarding the areas below?

Speech, Language, & Communication

- Speech is difficult to understand
- Pace of speech is unusually fast or uneven
- Speaks in monotone or lacks vocal variation
- Has difficulty understanding verbal instructions
- Has trouble following multi-step directions
- Displays limited vocabulary for age/grade
- Struggles to express thoughts clearly
- Asks for frequent repetition or clarification
- Struggles to participate in group discussions
- Has difficulty with grammar or sentence structure
- Misunderstands questions or comments
- None of the above

Processing Speed

- Takes longer than peers to complete tasks
- Requires extra time to respond to questions
- Takes longer than peers to process information
- Struggles to keep up with note-taking or copying
- Shows delayed response time when thinking, speaking, or writing
- Frequently runs out of time on assessments or assignments
- None of the above

Learning & Memory

- Forgets multi-step directions
- Demonstrates difficulties retaining information from lessons
- Needs frequent reminders or prompts
- Has trouble recalling learned material
- Has difficulty remembering sequences (days of the week, months, steps)

- Loses track of tasks or instructions partway through
- None of the above

Executive Functioning

- Has trouble starting on tasks independently
- Demonstrates difficulty planning or organizing work
- Has trouble shifting between tasks or subjects
- Struggles to break down large assignments
- Frequently loses materials or forgets items
- Has a hard time setting goals or managing time
- Struggles with self-monitoring or self-correcting
- Has difficulty sustaining attention for longer than a few minutes
- Is easily distracted by sounds, peers, or surroundings
- Daydreams or 'zones out' frequently
- Has trouble focusing in large groups or noisy settings
- Needs frequent redirection from others to remain engaged
- Struggles to attend to details (makes careless errors)
- Calls out without raising hand
- Interrupts teacher or peers
- Acts without thinking
- Has difficulty waiting turn
- Frequently blurts out answers or comments
- Makes impulsive decisions that impact performance
- Rushes through work without checking it
- None of the above

Nonverbal Processing

- Struggles with understanding diagrams or charts
- Has trouble copying visual information (from board to paper)
- Displays problems with spatial awareness (spacing, alignment)
- Has difficulty recognizing patterns or visual cues
- Appears disorganized in written work or physical space
- None of the above

Higher-Order Thinking

- Struggles to grasp abstract or theoretical concepts
- Is overly reliant on concrete examples
- Has difficulty moving from concrete to abstract thinking
- Struggles with hypothetical or 'what if' questions
- Cannot apply known strategies to new or unfamiliar problems
- Demonstrates surface-level understanding without deeper comprehension
- Has difficulty identifying patterns or relationships
- Struggles to draw inferences or conclusions
- Displays difficulty making generalizations from specific examples
- Often uses inefficient or inappropriate strategies for learning
- Needs step-by-step guidance even after instruction
- Has trouble making connections across subject areas
- Has difficulty explaining problem-solving steps aloud
- Struggles to justify answers or explain reasoning
- Avoids elaboration, even when prompted
- None of the above

Additional Thoughts

Please describe areas of strength:

Please elaborate on any additional concerns you may have:

What supports, strategies, or accommodations have you found most effective in helping this child succeed?

Are there any external factors or recent changes (e.g., family, health, transitions) that you believe may be impacting the child's performance or behavior?

Please discuss with the family how they would prefer to return this completed form. Our contact information is provided below, and we are happy to receive the form via email, fax, or another method if that works best for the family.