



## Teacher Questionnaire

Date Completed: \_\_\_\_\_

The following information is used to determine the type of academic assistance required by a Child while attending camp. Please be as specific as possible.

### I. General Background Information

Child's Name: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Child's Present Age in years and months: \_\_\_\_\_ Age as of July 1: \_\_\_\_\_

Present Class Placement: \_\_\_\_\_ Regular: \_\_\_\_\_ Resource Assistance Provided: \_\_\_\_\_

Special Class – Specify: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Grades the Child repeated: \_\_\_\_\_

Probable Placement in fall (specify if after April 1): \_\_\_\_\_

### II. School Information

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School Division: \_\_\_\_\_

Principal: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

Resource Teacher: \_\_\_\_\_

Special Education Consultant (if applicable): \_\_\_\_\_

Educational Psychologist (if applicable): \_\_\_\_\_

(Please attach reports if they are available.)



**Test Results**

Intelligence Tests (e.g., CCAT, WISC-IV, Stanford-Binet)

Name Date Assessor Results

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Achievement Tests (e.g., CTBS, Woodcock Johnson - Revised, WRAT-R)

Name Date Assessor Results

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**III. Instructional Information**

**A. Readiness Skills**

The student is able to:	Yes	Sometimes	No
1. Write his/her first name	1	2	3
2. Write his/her own last name	1	2	3
3. Tell address	1	2	3
4. Tell phone number	1	2	3
5. Say days of the week in correct order	1	2	3
6. Tell time	1	2	3
7. Recognize letters of the alphabet by name	1	2	3
8. Recognize letters of the alphabet by sound	1	2	3

Note: Please provide any comments you have about this Child's readiness skills:



## B. Handwriting Skills

The student:	Yes	Sometimes	No
9. Can print all upper case (capital) letters	1	2	3
10. Can print all lower case letters	1	2	3
11. Can write upper case letters (cursive)	1	2	3
12. Can write lower case letters (cursive)	1	2	3
13. Uses appropriate spacing between letters/words	1	2	3
14. Forms letters in proportion to one another	1	2	3
15. Prints, or writes, legibly	1	2	3

Note: Please provide any comments you have about this Child's handwriting skills:

## C. Language Learning

The student is able to:	Yes	Sometimes	No
16. Read orally	1	2	3
17. Read silently	1	2	3
18. Use word attack skills (i.e., phonics)	1	2	3
19. Read for comprehension	1	2	3
20. Enjoy being read to	1	2	3
21. Enjoy reading in spare time	1	2	3
22. Complete spelling dictation lists satisfactorily	1	2	3
23. Complete daily spelling work satisfactorily	1	2	3
24. Write with complete sentences	1	2	3
25. Organize ideas in written work	1	2	3
26. Use correct grammar	1	2	3
27. Use correct punctuation	1	2	3

Note: Please specify, with examples, any weaknesses this Child has in reading (e.g., rate, accuracy, omissions).



Which methods and/or materials have been effective with this Child? (e.g., whole language, phonics-based materials, sight-word approach)

Please specify, with examples, any error patterns or specific weaknesses in spelling.

#### **D. Mathematics**

Please specify the highest level attained in each of the following:
28. Addition (i.e., 2 digit addition with regrouping)
29. Subtraction (i.e., 2 digit subtraction with regrouping)
30. Multiplication (i.e., 2 digit X 2 digit)
31. Division (i.e., 2 digit by 1 digit)

Note: Please specify, with examples, any weaknesses this Child has in mathematics. List any methods and/or materials that have been effective with this Child.

#### **E. Other Content Areas**



Does this Child demonstrate satisfactory ability/progression in:	Yes	Sometimes	No
32. Social Studies	1	2	3
33. Science	1	2	3
34. Art	1	2	3
35. Music	1	2	3
36. Second Language (specify: )	1	2	3
32. Social Studies	1	2	3
33. Science	1	2	3

Note: Please provide any comments you have about other content areas.

### F. Learning Situations

The student is able to:	Yes	Sometimes	No
37. Work in large group (more than 7 people)	1	2	3
38. Work in small group (between 3-6 people)	1	2	3
39. Work in a one-to-one situation	1	2	3
40. Work independently	1	2	3
41. Copy from the board	1	2	3
42. Copy from another copy near at hand	1	2	3
43. Concentrate when others are speaking	1	2	3
44. Understand directions when given the first time	1	2	3
45. Complete work within the allotted time	1	2	3
46. Choose free-time activities	1	2	3
47. Remember best when shown/ demonstrated to	1	2	3
48. Remember best when they write on their own	1	2	3
49. Recall when verbal direction/explanations given	1	2	3
50. Express answers orally	1	2	3
51. Understand spoken vocabulary	1	2	3



The student is able to:	Yes	Sometimes	No
52. Use words appropriately	1	2	3
53. Use meaningful sentences	1	2	3
54. Tell a short story 55. Recall information (simple orders, short sentences)	1	2	3

Note: Please provide any comments you have about learning situations:

### G. Social / Emotional / Behavioral Information

Your honest and complete answers to the following are very important. Tell us how true each of the following statements is about this Child:

This Child:	Always	Mostly	Sometimes	Rarely	Hardly
56. Accepts schoolwork.	1	2	3	4	5
57. Perseveres in schoolwork	1	2	3	4	5
58. Copes well with failure	1	2	3	4	5
59. Completes work consistently	1	2	3	4	5
60. Accepts responsibility for their actions	1	2	3	4	5
61. Accepts changes in routine	1	2	3	4	5
62. Interacts well with peers	1	2	3	4	5
63. Interacts well with adults	1	2	3	4	5
64. Often spends time, or plays, alone	1	2	3	4	5
65. Remains on task: can sustain attention	1	2	3	4	5
66. Has temper tantrums or a hot temper	1	2	3	4	5
67. Copes with competition appropriately	1	2	3	4	5
68. Copes with frustration appropriately	1	2	3	4	5
69. Is easily distracted	1	2	3	4	5
70. Teases others on purpose to be mean	1	2	3	4	5
71. Appears shy or anxious around peers	1	2	3	4	5
72. Can wait for their turn in group situations	1	2	3	4	5



This Child:	Always	Mostly	Sometimes	Rarely	Hardly
73. Can't sit still, restless or hyperactive	1	2	3	4	5
74. Complains of loneliness	1	2	3	4	5
75. Can follow instructions from others	1	2	3	4	5
76. Bullies others	1	2	3	4	5
77. Gets left out of things by peers	1	2	3	4	5
78. Interrupts or intrudes on others	1	2	3	4	5
79. Is defiant, talks back to staff	1	2	3	4	5
80. Threatens people	1	2	3	4	5
81. Teases others too much	1	2	3	4	5
82. Doesn't listen to what is being said directly to them	1	2	3	4	5
83. Loses things necessary to complete tasks	1	2	3	4	5
84. Destroys property belonging to others	1	2	3	4	5
85. Demands a lot of attention	1	2	3	4	5
86. Gets teased a lot by peers	1	2	3	4	5
87. Is easily pushed around by peers	1	2	3	4	5
88. Is not well liked by peers	1	2	3	4	5
89. Starts fights/arguments with others	1	2	3	4	5
90. Physically attacks people	1	2	3	4	5

Have you observed this Child displaying aggressive behavior? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please describe the behavior, the frequency and causal circumstances.

List methods used that have been effective in dealing with this Child.

List methods used that have not been effective with this Child.



Briefly describe what you would see as the personal goals for this Child while attending camp.

Please indicate how long you have known this Child: \_\_\_\_\_

Based on your knowledge of the Child please specify four (4) areas, in order of importance that should be the focus of the Child's program (e.g., anger management, reading comprehension, phonics, written/oral language, mathematics, spelling, social skill development).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please attach any samples of printing, writing, spelling, written work, mathematics or other pertinent materials that illustrate area(s) of weakness.

Thank you for completing this form. Your cooperation is greatly appreciated. If you feel you need to provide more information about the Child than is required on the form, please do so on the back of this page.

As a follow-up to this questionnaire, you may receive a phone call from a member of our intake committee to further discuss this information.

Thank you

\_\_\_\_\_  
Name of teacher

\_\_\_\_\_  
Signature of teacher