REQUESTING OFFICE NAME AND ADDRESS ATTACH LABEL OR TYPE IN CLAIMANT NAME **TEACHER QUESTIONNAIRE** THIS FORM SHOULD BE COMPLETED BY THE PERSON(S) MOST FAMILAR WITH THE CHILD'S OVERALL FUNCTIONING. Name of School: 1. How long have you known, or did you know, this child? 2. How often, and for how long, do you, or did you, see this child? For what subjects: 3. Actual Grade Level: **Current Instruction Level:** Special Ed. Services & Frequency: Reading Level: Student/Teacher Ratio: Math Level: Written Language Level: Is there, or was there, an unusual degree of absenteeism? ☐ No ☐ Yes If yes, please explain:

IMPORTANT

<u>Please compare this child's functioning to that of same-aged children who do not have impairments.</u>

If the child is in special education services, please be sure to compare his or her functioning to that of same-aged, unimparied children who are in regular education.

6. Any other names by which the child is known:

5. Dominant Language: ☐ English ☐ Spanish ☐ Other (please specify)

I. ACQUIRING AND USING INFORMATION NO problems observed in this domain; functioning appears age-appropriate. If you selected this block, go directly to Section II. YES, the child has problems functioning in this domain. Please check a rating for each activity listed below. RATING KEY FOR ACTIVITIES LISTED BELOW Compared to the functioning of same-aged children without impairments, this child has: 1 5 No problem A slight problem An obvious problem A serious problem A very serious problem **RATING** Comprehending oral instructions П П Understanding school and content vocabulary П П П 3. Reading and comprehending written material Comprehending and doing math problems 4. 5. Understanding and participating in class discussions Providing organized oral explanations and adequate descriptions 6. Expressing ideas in written form Learning new material П П П П 1 Recalling and applying previously learned material 1 3 10. Applying problem-solving skills in class discussions What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed)

ATTENDING AND COMPLETING TASKS NO problems observed in this domain; functioning appears age-appropriate. If you selected this block, go directly to Section III. YES, the child has problems functioning in this domain. Please check a rating for each activity listed below. RATING KEY FOR ACTIVITIES LISTED BELOW Compared to the functioning of same-aged children without impairments, this child has: 1 2 3 4 No problem A slight problem An obvious problem A serious problem A very serious problem **RATING** FREQUENCY OF PROBLEM Monthly Paying attention when spoken to directly Monthly Weekly Daily Hourly Sustaining attention during play/sports activities 2. П П Weekly Monthly Focusing long enough to finish assigned activity or 5 Daily Hourly 3. П П П Monthly Weekly Daily Hourly Refocusing to task when necessary 4. П П П Monthly Weekly Daily Hourly 5. Carrying out single-step instructions П П П 4 Monthly Weekly 5 Daily Hourly Carrying out multi-step instructions 6. П П Monthly Weekly 7. Waiting to take turns ш Monthly Weekly Daily Hourly Changing from one activity to another without being 8. П П disruptive Monthly Weekly Hourly Daily 5 9. Organizing own things or school materials Monthly Weekly Hourly 10. Completing class/homework assignments П Monthly Weekly Daily Hourly Completing work accurately without careless 11. П mistakes 3 5 Monthly Weekly Daily Hourly 12. Working without distracting self or others П П П П Ш \square \square Weekly Monthly Daily Hourly 13. Working at reasonable pace/finishing on time П What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed)

III. INTERACTING AND RELATING WITH OTHERS NO problems observed in this domain; functioning appears age-appropriate. If you selected this block, go directly to Section IV. YES, the child has problems functioning in this domain. Please check a rating for each activity listed below. RATING KEY FOR ACTIVITIES LISTED BELOW Compared to the functioning of same-aged children without impairments, this child has: 1 2 3 4 5 No problem A slight problem An obvious problem A serious problem A very serious problem RATING FREQUENCY OF PROBLEM Monthly Weekly Daily Hourly Playing cooperatively with other children П Weekly Monthly Daily Hourly Making and keeping friends Monthly Weekly Daily Hourly Seeking attention appropriately 3. Monthly Weekly Hourly Expressing anger appropriately П П 5 Monthly Weekly Daily Hourly Asking permission appropriately П Monthly Daily Hourly 6. Following rules (classroom, games, sports) Daily Monthly Weekly Hourly 7. Respecting/obeying adults in authority П 5 Monthly Weekly Daily Hourly Relating experiences and telling stories 8. П Monthly Weekly Daily Hourly Using language appropriate to the situation and 9. П П П П П П listener Hourly Introducing and maintaining relevant and appropriate topics of conversation Monthly Weekly Daily Hourly 11. Taking turns in a conversation П П П П П П Weekly Monthly Daily Hourly Interpreting meaning of facial expression, body 12. П П language, hints, sarcasm Monthly 2 3 4 5 Weekly Daily Hourly Using adequate vocabulary and grammar to express 13. П П П thoughts/ideas in general, everyday conversation Has it been necessary to implement behavior modification strategies for the child? ☐ No L Yes If yes, please explain below (e.g., behavior plan, personal assistant, time-out, quiet room, removal from the classroom, change of school placement, suspension, expulsion). Please be as detailed as possible. What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed) INTERACTING WITH OTHERS continued on the next page

III. INTERACTING AND RELATING WITH OTHERS (continued)											
How much of the child's speech can you, as a familiar listener, understand on the first attempt?					Very Little		1/2	to 2/3	Almost All		
1. When the topic of conversation is known?											
2. When the topic of conversation is unknown?											
How much of the child's speech can you, as a familiar listener, understand after repeating and/or rephrasing?]						
		IV. MOVING ABOU	JT AND MA	NIPULAT	ING OF	BJECTS					
	NO problems observed in this domain: functioning appears ago-appropriate										
	YES, the child has problems functioning in this domain. Please check a rating for each activity listed below.										
	RATING KEY FOR ACTIVITIES LISTED BELOW Compared to the functioning of same-aged children without impairments, this child has:										
	1 No problem	2 A slight problem	3 An obvious probl	lem	4 A serious p	oroblem	5 A very serious problem				
	No problem	A slight problem	All obvious probl	oricini .	A SCHOUS F	or objectif	A very serious problem RATING				
		place to another (e.g., staruching, walking, running, ju			weight,	¹	2	3	4	5	
2. Moving and manipulating things (e.g., pushing, pulling, lifting, carrying, transferring objects, coordinating eyes and hands to manipulate small objects)					1	2	3	4	5		
3. Demonstrating strength, coordination, dexterity in activities or tasks						2	3	4	5		
4. [Managing pace of phys	sical activities or tasks						3	4	5	
5. Showing a sense of body's location and movement in space							2			5	
6. Integrating sensory input with motor output						<u></u>	2	3	4	5	
7. [Planning, remembering	g, executing controlled mot	tor movements	S				3		5	
What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed)											
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V. CARING FOR HIMSELF OR HERSELF NO problems observed in this domain; functioning appears age-appropriate. If you selected this block, go directly to Section VI. YES, the child has problems functioning in this domain. Please check a rating for each activity listed below. RATING KEY FOR ACTIVITIES LISTED BELOW Compared to the functioning of same-aged children without impairments, this child has: 1 2 3 4 5 No problem A slight problem An obvious problem A serious problem A very serious problem **RATING** FREQUENCY OF PROBLEM Monthly Weekly Daily Hourly Handling frustration appropriately П Monthly Weekly Daily Hourly 2. Being patient when necessary П П П П П Monthly Weekly Hourly Taking care of personal hygiene П П П П П Weekly Monthly 5 Daily Hourly Caring for physical needs (e.g., dressing, eating) Monthly Weekly Daily Hourly Cooperation in, or being responsible for, taking needed 5. medications Monthly Weekly Daily Hourly Using good judgment regarding personal safety and 6. П П П ΙI dangerous circumstances Monthly Weekly 7. Identifying and appropriately asserting emotional needs П Monthly Daily Responding appropriately to changes in own mood Weekly Hourly 8. П П П П (e.g., calming self) Monthly Weekly Daily Hourly Using appropriate coping skills to meet daily demands 9. П П П П of school environment 4 Monthly Weekly 2 3 5 Hourly 10. Knowing when to ask for help What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed)

VI. MEDICAL CONDITIONS AND MEDICATIONS/HEALTH AND PHYSICAL WELL-BEING Describe below any chronic or episodic condition (e.g., asthma, sickle cell anemia, depression, seizures). Does the condition have any physical effects (e.g., shortness of breath, reduced stamina, psychomotor retardation, incontinence, pain) that interfere with the child's functioning at school? How often does the child experience these physical effects related to the condition? Please check any of the following that the child uses: Glasses □ Nebulizer/Inhaler ☐ Assistive Technology Device ☐ Hearing Aid ☐ Auditory Trainer ☐ Orthopedic Devices ☐ Other (please specify) ☐ Prosthesis No \square Specify below if known: Is medication prescribed for this child? Yes 🔲 Don't know Does this child take the medication on a regular basis? No \square Yes Don't know № П Yes \square Does this child's functioning change after taking medications? Don't know Does this child frequently miss school due to illness? No \square Yes If yes, please explain below. What else can you tell us about the physical effects of the child's physical or mental condition or treatment for the condition? (Continue on the last page if necessary) PLEASE SIGN YOUR NAME AND TITLE ON THE NEXT PAGE. Add any remarks as needed.

VII. ADDITIONAL COMM	MENTS	
Use this section for continuation of any previous sections. You may also u of there have been any changes in the child's functioning, for better or wo	use this section for any additional remarks or to no orse, that you would like to address.	te
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This form completed by: Name/Title:	Date:	
If we need more information about this child,	,	
Is there a phone number where we can reach you? (_)	
Is there a best time to call you?AM	PM	
Name/Title:	Date:	
If we need more information about this child,		
Is there a phone number where we can reach you? (_)	
Is there a best time to call you? AM	PM	
THANK YOU		