



**Teacher  
Questionnaire  
For Case Study  
Evaluation**

Student:	_____
DOB:	_____
Completed by:	_____
Name:	_____
Title:	_____
Date Completed :	_____

**I. CURRENT HEALTH BACKGROUND**

a. Describe any previously existing health/physical problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Describe any currently existing health/physical problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. List any prescribed medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. SCHOOL HISTORY**

a. School Attendance

<i>Name of School</i>	<i>City/State</i>	<i>Grade/Year</i>	<i>Performance</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Previous retentions (list grades): \_\_\_\_\_

c. Past and Present Services (*check ALL grade levels in which student has or is receiving services*):

Bilingual	<input type="checkbox"/> PreK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Title 1	<input type="checkbox"/> PreK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Tutor/ Assistant	<input type="checkbox"/> PreK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Counseling	<input type="checkbox"/> PreK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<b>Special Education</b>														
Speech/Language	<input type="checkbox"/> PreK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
State type:	<input type="checkbox"/> PreK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
State type:	<input type="checkbox"/> PreK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

d. Student Record Review (*Review the following information from the student's record. Attached information considered helpful for the case study process. Check each item that is attached.*)

<input type="checkbox"/> School Records	<input type="checkbox"/> Attendance Records	<input type="checkbox"/> Individual Diagnostic/Screening Test Results
<input type="checkbox"/> Grades & Progress Reports	<input type="checkbox"/> Disciplinary History	<input type="checkbox"/> Work Samples
<input type="checkbox"/> Outside Report(s) as appropriate	<input type="checkbox"/> Schedule	<input type="checkbox"/> Notes of Building-based Team (Teacher Collaboration Team or TCT)

### III. CURRENT PERFORMANCE

#### 1. ACADEMIC

##### a. Reading Performance

1. Estimate current reading language level: \_\_\_\_\_ 2. Grade currently earning: \_\_\_\_\_
3. Estimate accuracy of decoding skills:  0-49 %  50-69 %  70-79 %  80-89 %  90-100 %
4. Estimate accuracy of comprehensive skills:  0-49 %  50-69 %  70-79 %  80-89 %  90-100 %
5. Check those items that characterize DIFFICULTIES in this student's reading performance:  NO CONCERNS IN THIS AREA
- |                                                          |                                                    |                                                            |                                                    |
|----------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> learning new words              | <input type="checkbox"/> applying phonetics skills | <input type="checkbox"/> understanding vocabulary          | <input type="checkbox"/> remembering sight words   |
| <input type="checkbox"/> following printed directions    | <input type="checkbox"/> recalling factual content | <input type="checkbox"/> placing events in sequence        | <input type="checkbox"/> stating main idea         |
| <input type="checkbox"/> understanding abstract concepts | <input type="checkbox"/> drawing conclusions       | <input type="checkbox"/> locating answers                  | <input type="checkbox"/> predicting story outcomes |
| <input type="checkbox"/> keeping place on page           | <input type="checkbox"/> observing punctuation     | <input type="checkbox"/> maintaining moderate reading rate |                                                    |

Comments:

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##### b. Written Language Performance

1. Estimate current written language level: \_\_\_\_\_ 2. Grade currently earning: \_\_\_\_\_
3. Estimate the percentage of written language work completed: \_\_\_\_\_ 4. Estimate the percent correct of work done: \_\_\_\_\_
5. Check those items that characterize DIFFICULTIES in this student's written language performance:  NO CONCERNS IN THIS AREA
- |                                                  |                                             |                                                            |                                                          |
|--------------------------------------------------|---------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> uses sentence fragments | <input type="checkbox"/> sentence structure | <input type="checkbox"/> grammatical skills                | <input type="checkbox"/> organizational ideas            |
| <input type="checkbox"/> limited vocabulary      | <input type="checkbox"/> spelling skills    | <input type="checkbox"/> relating information sequentially | <input type="checkbox"/> capitalization skills           |
| <input type="checkbox"/> forming letters         | <input type="checkbox"/> handwriting flow   | <input type="checkbox"/> omits words/word endings          | <input type="checkbox"/> transitioning from idea to idea |

Comments:

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##### c. Math Performance

1. Estimate current math level: \_\_\_\_\_ 2. Grade currently earning: \_\_\_\_\_
3. Estimate the percentage of math work completed: \_\_\_\_\_ 4. Estimate the percent correct of work done: \_\_\_\_\_
5. Check those items that characterize DIFFICULTIES in this student's math performance:  NO CONCERNS IN THIS AREA
- |                                                        |                                                |                                                      |                                          |
|--------------------------------------------------------|------------------------------------------------|------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> understanding number concepts | <input type="checkbox"/> recalling basic facts | <input type="checkbox"/> regrouping                  | <input type="checkbox"/> observing signs |
| <input type="checkbox"/> lining up columns             | <input type="checkbox"/> computing fractions   | <input type="checkbox"/> solving algebraic equations | <input type="checkbox"/> telling time    |
| <input type="checkbox"/> making change                 | <input type="checkbox"/> doing story problems  |                                                      |                                          |

Comments:

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##### d. Work/ Study Habits - Academic

- Check those items that characterize DIFFICULTIES in this student's work/study habits:  NO CONCERNS IN THIS AREA
- |                                                      |                                                  |                                                     |                                                                 |
|------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> performance on tests        | <input type="checkbox"/> gives up easily         | <input type="checkbox"/> starting assigned tasks    | <input type="checkbox"/> taking notes during class              |
| <input type="checkbox"/> needing frequent repetition | <input type="checkbox"/> finishing daily work    | <input type="checkbox"/> beginning work impulsively | <input type="checkbox"/> asking for help when needed            |
| <input type="checkbox"/> handing work in on time     | <input type="checkbox"/> using class time wisely | <input type="checkbox"/> paying attention           | <input type="checkbox"/> participating in discussion/activities |
| <input type="checkbox"/> works rapidly with errors   | <input type="checkbox"/> works too slowly        |                                                     |                                                                 |

Comments:

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#### 2. COMMUNICATION STATUS

##### a. Speech & Language Skills

- Check those items that characterize DIFFICULTIES in this student's speech & language performance:  NO CONCERNS IN THIS AREA
- |                                                                    |                                                       |                                                      |                                                          |
|--------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> articulating sounds                       | <input type="checkbox"/> voice intensity              | <input type="checkbox"/> speech rate                 | <input type="checkbox"/> repeat parts of words/sentences |
| <input type="checkbox"/> prolongs beginning word sounds            | <input type="checkbox"/> confuses sentence order      | <input type="checkbox"/> following directions        | <input type="checkbox"/> grasping basic concepts         |
| <input type="checkbox"/> finding the right word to say             | <input type="checkbox"/> immature sentence structure  | <input type="checkbox"/> hearing                     | <input type="checkbox"/> limited vocabulary              |
| <input type="checkbox"/> using completed sentences                 | <input type="checkbox"/> relying too much on gestures | <input type="checkbox"/> usually quiet, seldom talks |                                                          |
| <input type="checkbox"/> maintaining contact with listener/speaker |                                                       |                                                      |                                                          |

Comments:

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### III. CURRENT PERFORMANCE (Continued)

#### b. Hearing Skills

Check those items that characterize DIFFICULTIES in this student's hearing performance:

NO CONCERNS IN THIS AREA

- |                                                           |                                                                      |                                                         |                                                                |
|-----------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> previously identified impairment | <input type="checkbox"/> regulating volume (too loud)                | <input type="checkbox"/> listening without turning head | <input type="checkbox"/> fluctuating voice level appropriately |
| <input type="checkbox"/> listening without moving closer  | <input type="checkbox"/> responding when background noise is present |                                                         | <input type="checkbox"/> using hearing devices easily          |

Comments:

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#### c. Vision

Check those items that characterize DIFFICULTIES in this student's vision performance:

NO CONCERNS IN THIS AREA

- |                                                           |                                                   |                                                                                            |                                                           |
|-----------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> previously identified impairment | <input type="checkbox"/> seeing without squinting | <input type="checkbox"/> writing letters/numbers (reversals)                               | <input type="checkbox"/> reading maps, charts (confusing) |
| <input type="checkbox"/> copying from board               | <input type="checkbox"/> copying from book        | <input type="checkbox"/> distance from material (holds too close or moves closer to board) |                                                           |

Comments:

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### 3. MOTOR SKILLS

#### a. Gross Motor

Check those items that characterize DIFFICULTIES in this student's gross motor skills performance:

NO CONCERNS IN THIS AREA

- |                                                          |                                                    |                                                         |                                                             |
|----------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> exhibiting basic ball skills    | <input type="checkbox"/> smooth motor movement     | <input type="checkbox"/> endurance (fatigues easily)    | <input type="checkbox"/> navigating obstacles               |
| <input type="checkbox"/> hopping, skipping, jumping      | <input type="checkbox"/> maintaining balance       | <input type="checkbox"/> using assistive devices easily | <input type="checkbox"/> moving body in specific directions |
| <input type="checkbox"/> maintaining positions, postures | <input type="checkbox"/> reacting to sensory input |                                                         |                                                             |

Comments:

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#### b. Fine Motor

Check those items that characterize DIFFICULTIES in this student's fine motor skills performance:

NO CONCERNS IN THIS AREA

- |                                                                          |                                                     |                                                                  |                                                                        |
|--------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> pencil grasp ( <i>interferes with writing</i> ) | <input type="checkbox"/> using scissors effectively | <input type="checkbox"/> hand preference ( <i>inconsistent</i> ) | <input type="checkbox"/> legible handwriting ( <i>below expected</i> ) |
| <input type="checkbox"/> remembering movement sequences                  | <input type="checkbox"/> copying accurately         | <input type="checkbox"/> discriminating position of objects      | <input type="checkbox"/> manipulating materials easily                 |

Comments:

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### 4. SELF-HELP SKILLS

Check those items that characterize DIFFICULTIES in this student's self-help skills performance:

NO CONCERNS IN THIS AREA

- |                                                              |                                                     |                                                                          |                                                           |
|--------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> fastening (buttons, zippers, snaps) | <input type="checkbox"/> handling clothing          | <input type="checkbox"/> accessing school transportation                 | <input type="checkbox"/> accessing restroom independently |
| <input type="checkbox"/> accessing toilet stall for use      | <input type="checkbox"/> accessing lunchroom easily | <input type="checkbox"/> using utensils, tray, containers, independently |                                                           |

Comments:

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### 5. SOCIAL/EMOTIONAL

#### a. Behavior and Social Skills

Check those items that characterize DIFFICULTIES in this student's behavior:

NO CONCERNS IN THIS AREA

- |                                                             |                                                   |                                                       |                                                       |
|-------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> fights                             | <input type="checkbox"/> attempts to set fires    | <input type="checkbox"/> destroys own possessions     | <input type="checkbox"/> destroys others' possessions |
| <input type="checkbox"/> uses threatening gestures/language | <input type="checkbox"/> throws objects at others | <input type="checkbox"/> pushes, bites, hits or spits | <input type="checkbox"/> chokes others                |

Comments:

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**b. Social Adjustment**

Check those items that characterize DIFFICULTIES in this student's social adjustment:

NO CONCERNS IN THIS AREA

- frequently tattles                       tells fictitious stories                       teases
- tells others what to do                       manipulates others                       blames mistakes on others
- argumentative                       disruptive/annoying                       cheats in games/tests
- has temper tantrums                       cries easily                       poor self-concept

Comments:

**c. Social Behavior Pattern**

Check those items that characterize DIFFICULTIES in this student's social behavior pattern:

NO CONCERNS IN THIS AREA

- falls asleep in class, drowsy                       acts like little adult                       self-conscious, embarrasses easily
- lacks self-confidence                       general fearfulness                       sluggish, lethargic in movements
- passive, easily led by others                       limited peer interaction                       quiet and shy with adults
- remains in one position for long time                       prefers adult company                       unresponsive to direct questions
- preoccupied, in world of their own                       excessive daydreaming                       depressed, sad
- quiet and shy with peers                       aloof, reserved                       acts bizarre

Comments:

**d. Reactions to Regulations and Requests**

Check those items that characterize DIFFICULTIES in this student's reactions to regulations and requests:

NO CONCERNS IN THIS AREA

- negative attitude, but conforms                       refuses to participate                       upset when given direct order
- does opposite of request                       late to required activities                       challenges authority
- accepting consequences for behavior                       slow in starting work                       withdraws, pouts if corrected
- impertinent or sassy, talks back                       interrupts discussions                       plays clown, always funny

Comments:

**IV. INTERVENTION STRATEGIES**

**a. Motivational Strategies**

Check those items that characterize motivational strategies used to assist this student:

- mark correct answers on daily work                       planned ignoring                       sending positive progress notes
- conference with parents                       one-on-one assistance                       special incentive/privilege
- regular/frequent compliments                       point system                       home/school communication for assignments
- reward progress not just products                       help recognize/use strengths                       immediate reinforcement of student's progress

Comments:

