



**PARENT/GUARDIAN:**

Please complete/sign the following release and give this questionnaire to your child's teacher.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby give my child's teacher permission to complete the following questionnaire concerning my child's educational program.

Teacher's Name: \_\_\_\_\_

School: \_\_\_\_\_ District \_\_\_\_\_

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD'S TEACHER:**

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

The child named above has been referred to the Scottish Rite Childhood Language Center. Please complete the following questionnaire and return it as soon as possible. Feel free to include any additional information or reports that may be helpful.

Class Information: \_\_\_\_\_ Grade: \_\_\_\_\_

Is this a special class? \_\_\_\_\_ What type (SDC, LH, CH)? \_\_\_\_\_

Has the child been retained? \_\_\_\_\_ If so, what grade? \_\_\_\_\_

How is the child's school attendance? \_\_\_\_\_

Is the child in your class all day? **Yes / No**

If not, please identify programs the child attends (include mainstreaming situations).

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

Behavioral Observations:

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

**Academics:**

Describe in detail the child's overall functioning in the class relative to age and grade level standards. If necessary, use the back of the paper.

Subject		Below Average	Average	Above Average	Comments
<b>Reading</b>	Decoding				
	Comprehension				
	Fluency				
<b>Spelling</b>					
<b>Language Arts</b>					
<b>Written Language</b>	Language/Sentence Formulation				
	Mechanics				
	Handwriting				
<b>Math</b>					
<b>Arts</b>					
<b>Consistency of Performance</b>					

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Communication:**

		Below Average	Average	Above Average	Comments
<b>Receptive Language</b>	Comprehension				
	Following Directions				
	Memory				
<b>Expressive Language</b>	Narratives				
	Completeness & Organization of Thought				
	Word Retrieval & Usage				

**Social:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Thank you for your time in completing this questionnaire.**