

Teacher Information Form

Name of Student _____ Date _____

Birthdate _____ Grade _____ School System _____

Teacher's Name: Mr. Mrs. Ms. Dr. _____

Subject Taught: _____ School: _____

Address: _____ Telephone: _____

Describe the student's positive qualities and learning strengths.

Describe areas of concern and the student's learning weaknesses.

Describe any problems the student might be having in school (academic or social).

Comment on the student's behavior or potential. _____

What strategies/interventions have been tried? What were the outcomes?

Does the student require additional testing time when compared with other students?

Yes ___ No ___ If "yes," how much additional time does the student require to complete multiple-choice test items? ___ 25% ___ 50% ___ 100%

How much additional time does the student require to complete other question types (short answer, essay, math problems)? Please note specific question types and amount of additional time needed for each (25%; 50%; 100%): _____

Does the student use extended time effectively? Yes ___ No ___
If "yes," does it benefit the student's learning outcome? Yes ___ No ___
If "no," why is the accommodation not effective? _____

Describe how the student gets along with classmates. _____

Describe any unusual or bizarre behavior. _____

Indicate the student's achievement level in your class:

<u>Academic Subject:</u>	<u>Level or Grade:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Is the student receiving any special education services or has the student been referred for these services. Please describe.

Please check all behaviors that apply to this student:

- | | | |
|---|---|--|
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Forgetful | <input type="checkbox"/> Displays immature behavior |
| <input type="checkbox"/> Restless (overactive) | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Difficulty completing tasks |
| <input type="checkbox"/> Lacks confidence in self | <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Speech difficulties | <input type="checkbox"/> Daydreams excessively | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Slow in completing work | <input type="checkbox"/> Limited vocabulary | <input type="checkbox"/> Difficulty expressing self |
| <input type="checkbox"/> Right/left confusion | <input type="checkbox"/> Poor eye contact | <input type="checkbox"/> Poor eye/hand coordination |
| <input type="checkbox"/> Difficulty expressing emotions appropriately | <input type="checkbox"/> Constantly seeks teacher attention | <input type="checkbox"/> Impulsive |

Please provide any additional information that you think might be helpful:

*** PLEASE ATTACH A COPY OF THE REPORT CARD, STANDARDIZED TEST SCORES, AND/OR SCHOOL TRANSCRIPT.**

Thank you for your assistance. Please return the completed form to:

**Matthew Levy, Psy.D.
6000 Lake Forrest Drive, Suite 575
Atlanta, Georgia 30328
FAX (404) 255-3234**