

TEACHER INPUT RELATED TO ACCOMMODATIONS

Student: _____ Teacher/Subject: _____

1. What strengths do you see for this student?

2. Do you have concerns regarding this student? _____ Yes _____ No

If yes, what is your primary concern? _____

Provide specific examples, include frequency and severity of symptoms in class.

3. Does the student complete in-class assignments and tests within the regular allotted time period? _____ Yes _____ No

4. Does student participate in class:

– verbally (e.g. volunteers oral responses)? _____ Yes _____ No

-- nonverbally (e.g. eye contact, takes notes, appears to listen)? _____ Yes _____ No

5. Are exams usually: _____ multiple choice

_____ short answer

_____ essay

_____ involving extensive reading during test

_____ math problems, specify: _____

6. Are formal accommodations currently provided **to this student** at school?

_____ Yes _____ No

If so, please list, even if at a specialized school (e.g. extended time, copy of classnotes, use of computer or calculator):

7. Are informal adjustments currently provided by the teacher? _____ Yes _____ No

If so, please list specific needs **for this student**: _____

8. If receiving/needing extended time, how much additional time does the student usually need (e.g. 10 additional minutes of a 50-minute class period) and why (e.g. re-reads, takes time to process, checks over work, takes breaks, etc.)?

9. Do you think accommodations would/do benefit this student? _____ Yes _____ No

If so, which accommodations and how might that impact performance?

10. What types of intervention have been provided (e.g. tutoring, special programs) and how often? _____

11. Please add any comments about this student's work, behavior, motivation, etc.:
- how specific behaviors interfere with academics: _____
 - general attitude toward school: _____
 - overall mood/affect: _____

12. Please note any additional comments:

- Some questions may not be applicable for all students/schools. Please feel free to attach your comments on any other relevant aspects regarding this student.

Please rate the student in the following areas:

	Above Average	Average	Below Average	Don't Know
Test Grades				
Homework Grades				
Amount of time spent on homework				
Reading				
Math				
Written expression (content/construction)				
Handwriting				
Spelling/punctuation				
Quality of classnotes				
Attention				
Listening				
Organization				
Attitude/Work ethic				
Social/Peer Interactions				
Behavior				
Other: _____				

Thank you for your valuable input regarding this student! Please contact my office, if you have any questions regarding this form. I am not permitted to discuss specific information about a student without parental written consent.

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TEACHER SYMPTOM CHECKLIST

Student: _____ Teacher/Subject: _____

Describe how the statement fits the student most of the time:

N S O A

Never Sometimes Often Almost Always

- _____ a. Difficulty paying attention to details; for example, often makes careless mistakes
- _____ b. Difficulty paying attention for a long time, such as doing schoolwork or listening to instruction
- _____ c. Listening appears to be hard
- _____ d. Finishing schoolwork seems to be challenging due to distraction
- _____ e. Organization of assignments/materials seems challenging
- _____ f. Loses items (e.g. pencils, books, homework)
- _____ g. Avoid tasks that require a lot of effort
- _____ h. Appears easily distracted by outside noises or other things in the room
- _____ i. Seems to forget things (e.g. homework, workout clothes)

- _____ a. Often moves around in chair or fiddle with objects
- _____ b. Difficulty staying seated in a chair
- _____ c. Overly active in movements
- _____ d. Has a hard time engaging quietly
- _____ e. Often “on the go” or seems “driven by a motor”
- _____ f. Often talks too much
- _____ g. Blurts out answers before questions have been completed
- _____ h. Has difficulty awaiting turn
- _____ i. Interrupts others