

CNLD TEACHER QUESTIONNAIRE

Child's Name: _____

Teacher's Name: _____

Grade: _____

Subjects: _____

Please indicate how this child rates in each of the following areas and *add clarifying information where appropriate.*

	Significantly Below Average	Somewhat Below Average	Average	Above Average	Comments
understanding oral directions/instruction					
learning new concepts & skills					
retention of information					
completion of work on time					
organization of work materials (i.e. locker, backpack, desk, bringing home correct materials)					
study skills, e.g. outlining, notetaking, test prep, managing long term projects					
oral reading accuracy & fluency					
reading comprehension					
oral expression					
written expression					
math concepts & problem solving					
mathematical calculation					
gross motor coordination					
fine motor coordination					
handwriting					
copying (from text, board)					

	Significantly Below Average	Somewhat Below Average	Average	Above Average	Comments
behavior in daily unstructured activities (recess, gym, lunch, bus)					
coping with new or exciting situations (parties, field trips, visitors, substitute teachers)					
participation in class discussions					
ability to work in a group					
ability to make friends					
acceptance by peer group					
compliance with authority					
self-esteem					

Does this child bother other children in the classroom?

Is this child aggressive with other children? (pushing, arguing, starting fights)?

What types of assignments give this child the most difficulty?

Please list any relevant approaches that have been tried to meet this child's needs, including academic and behavioral, and the degree of success.

Please list any changes that you believe may be helpful in furthering this child's success.

On the back of this page, or on a separate piece of paper, please add any additional information about this child that may be helpful, including your general view of this child, additional strengths and weaknesses.

THE CENTER FOR NEUROPSYCHOLOGY AND LEARNING DISORDERS
DSM-IV RATING SCALE for TEACHERS

Student's Name _____ Grade _____ Date _____

Teacher's Name _____ Subject _____

Directions: Circle the number next to each statement that best describes how much the statement applies to your student. Please use the back of this page for additional comments that you feel are relevant to this student's evaluation. Thank you.

	Never or <u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	Very <u>Often</u>
1. Fails to give close attention to details or makes careless mistakes.	0	1	2	3
2. Has difficulty sustaining attention to tasks or fun activities.	0	1	2	3
3. Doesn't listen when spoken to directly, alone or in small groups.	0	1	2	3
4. Doesn't follow through on instructions or fails to finish work.	0	1	2	3
5. Has difficulty organizing tasks and activities.	0	1	2	3
6. Avoids, dislikes or is reluctant to engage in work that requires sustained mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities.	0	1	2	3
8. Is easily distracted, gets off task frequently.	0	1	2	3
9. Is forgetful or absent minded in daily activities.	0	1	2	3
10. Fidgets with hands or feet or squirms in a chair.	0	1	2	3
11. Leaves seat in classroom or in other situations in which staying seated is expected.	0	1	2	2
12. Is restless, can't sit still.	0	1	2	3
13. Has difficulty engaging in leisure activities or doing fun things quietly.	0	1	2	3
14. Feels "on the go" or "driven by a motor."	0	1	2	3
15. Talks excessively.	0	1	2	3
16. Blurts out answers before questions or instructions have been completed.	0	1	2	3
17. Has difficulty awaiting turn (in lines, during games, etc.).	0	1	2	3
18. Interrupts or intrudes on others.	0	1	2	3