CENTER FOR CHILDREN WITH SPECIAL NEEDS

School Questionnaire

Tufts Children's Hospital

Parent / Guardian: Please complete this portion before giving it to the child's school.

Student's Name: _____ Date: _____

I give permission for my child's school to send information to the CCSN (CCSNForms@tuftsmedicalcenter.org):

Parent/guardian signature: _____ Date: _____

I. GENERAL INFORMATION

Child's Name: _____ ☐ Male ☐ Female Age: _____ Grade: _____

Person Completing Form: _____ Title: _____ Date: _____

Name of School: _____ School District: _____ State: _____

Main Teacher: _____ Email: _____

Guidance Counselor: _____ Email: _____

School Phone: _____ School Fax: _____

School Address: _____

Type of School: ☐ Public ☐ Parochial ☐ Private ☐ Specialized Private ☐ Other: _____

Is the child in Special Education? ☐ Yes ☐ No Since _____ (year) Classified as: _____

How long have you been concerned about this student? _____

Please describe the **teachers' main CONCERNS** at this time: ☐ Please check if continued on last page

_____

_____

_____

_____

_____

_____

_____

Please comment on this **student's STRENGTHS**:

_____

_____

_____

continued

Please comment on the **student's weakest areas** in school:

_____

_____

_____

Is this student **gifted** in any areas?

_____

_____

_____

II. HISTORY

Past and Current School Problems

For each of the following grades this student has completed, **were any problems reported**?
If YES, please describe:

	Yes	No	Academics	Behavior
Preschool & Kindergarten				
First & Second Grade				
Third, Fourth & Fifth Grade				
Middle School				
High School				

continued

School Intervention

	Yes	No	Comments
1. Was this student in an Early Intervention Program? Specify in comments.			
2. Has this student ever received home-based services? Specify in comments.			
3. Was this student in a special preschool program or Head Start? Specify in comments.			
4. Has this student ever repeated a grade or subject? If yes, which grade(s)?			
5. Has this student ever attended summer school? If yes, which grade(s)?			
6. Has this student ever failed any competency exams (e.g. MCAS, other state testing)? Specify in comments.			
7. Has this child had any non-special education academic support through the school district or privately? Specify in comments.			
8. Has this student ever needed any behavioral interventions? Specify in comments.			
9. Have any disciplinary actions been taken (suspension or expulsion)? Specify in comments.			
10. Has this student ever had a 504 plan? If yes, when did it start (year or grade)? Is this student still on a 504 plan? ☐ Yes ☐ No ☐ N/A			
11. Has this student ever had an IEP and received special education services? If yes, when did it start (year or grade)? Is this student still on an IEP? ☐ Yes ☐ No ☐ N/A			
12. Has this student been placed in any special classes, programs or schools? Specify in comments.			
13. Has this student ever had speech, occupational, or physical therapy? Specify in comments.			
14. Do you know if this student has ever taken any medications for attention, behavioral or emotional problems? Specify in comments.			
15. Have any particular programs or methodologies been necessary for this student to learn compared to other students in reading, math, or written language? Specify in comments.			
16. Have any particular behavioral strategies been necessary with this student? Specify in comments.			

continued

Current Services

Please complete if IEP is not attached.

Current Services	Individual/ Group Size	Minutes	Frequency	In-class/Pull-out/Other	Treatment Goals
Special Education					
Speech/ Language					
OT					
PT					
Counseling					
Tutoring in school					
Other Services:					

Testing

Please attach any standardized testing, report cards, school team summaries, or IEPs available for this student.

Name of Test (No abbreviations, please.)	Date Given	Grade/Year
Cognitive, Intelligence Testing		
Educational achievement Test		
Visual/Motor Integration Testing		
Speech/Language Testing		
Other:		

continued

III. CURRENT

Behavior

Indicate what best describes this student's behavior over the past 6 months. Please check box if behavior is because of medication, no medication or you don't know.

	Never	Sometimes	Often	Very Often	Medication
1. Fails to pay close attention to details or makes careless mistakes in schoolwork.					☐ Medication ☐ No medication ☐ Don't know
2. Has difficulty sustaining attention to tasks or activities.					☐ Medication ☐ No medication ☐ Don't know
3. Does not listen when spoken to directly.					☐ Medication ☐ No medication ☐ Don't know
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand).					☐ Medication ☐ No medication ☐ Don't know
5. Has difficulties organizing tasks and activities.					☐ Medication ☐ No medication ☐ Don't know
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.					☐ Medication ☐ No medication ☐ Don't know
7. Loses things necessary for tasks or activities (school assignments, pencils, books).					☐ Medication ☐ No medication ☐ Don't know
8. Is easily distracted by extraneous stimuli.					☐ Medication ☐ No medication ☐ Don't know
9. Is forgetful in daily activities.					☐ Medication ☐ No medication ☐ Don't know

continued

	Never	Sometimes	Often	Very Often	Medication
10. Fidgets with hands or feet or squirms in seat.					☐ Medication ☐ No medication ☐ Don't know
11. Leaves seat in classroom or other situations when remaining seated is expected.					☐ Medication ☐ No medication ☐ Don't know
12. Runs about or climbs excessively when remaining seated is expected.					☐ Medication ☐ No medication ☐ Don't know
13. Has difficulty playing or engaging in leisure activities quietly.					☐ Medication ☐ No medication ☐ Don't know
14. Is "on the go" or acts as if "driven by a motor."					☐ Medication ☐ No medication ☐ Don't know
15. Talks excessively.					☐ Medication ☐ No medication ☐ Don't know
16. Blurts out answers before questions have been completed.					☐ Medication ☐ No medication ☐ Don't know
17. Has difficulty waiting in line.					☐ Medication ☐ No medication ☐ Don't know
18. Interrupts or intrudes on others (e.g., butts into conversations or games).					☐ Medication ☐ No medication ☐ Don't know
19. Loses temper.					☐ Medication ☐ No medication ☐ Don't know
20. Actively defies or refuses to comply with adult's request or rules.					☐ Medication ☐ No medication ☐ Don't know

continued

	Never	Sometimes	Often	Very Often	Medication
21. Is angry or resentful.					☐ Medication ☐ No medication ☐ Don't know
22. Is spiteful and vindictive.					☐ Medication ☐ No medication ☐ Don't know
23. Bullies, threatens, or scares others.					☐ Medication ☐ No medication ☐ Don't know
24. Initiates physical fights.					☐ Medication ☐ No medication ☐ Don't know
25. Lies to obtain goods or favors, or to avoid obligations (e.g., "cons" others).					☐ Medication ☐ No medication ☐ Don't know
26. Is physically cruel to people.					☐ Medication ☐ No medication ☐ Don't know
27. Has stolen items of nontrivial value.					☐ Medication ☐ No medication ☐ Don't know
28. Deliberately destroys others' property.					☐ Medication ☐ No medication ☐ Don't know
29. Is fearful, anxious, or worried.					☐ Medication ☐ No medication ☐ Don't know
30. Is self-conscious or easily embarrassed.					☐ Medication ☐ No medication ☐ Don't know
31. Is afraid to try new things for fear of making mistakes.					☐ Medication ☐ No medication ☐ Don't know

continued

	Never	Sometimes	Often	Very Often	Medication
32. Feels worthless or inferior.					☐ Medication ☐ No medication ☐ Don't know
33. Blames self for problems, feels guilty.					☐ Medication ☐ No medication ☐ Don't know
34. Feels lonely, unwanted or unloved; complains that 'no one loves me.'					☐ Medication ☐ No medication ☐ Don't know
35. Is sad, unhappy, or depressed.					☐ Medication ☐ No medication ☐ Don't know
36. Has said things like "I wish I were dead" or has tried to hurt self.					☐ Medication ☐ No medication ☐ Don't know
37. Has distinct periods where mood is unusually irritable OR unusually good, cheerful, or high which is clearly excessive or different from normal mood.					☐ Medication ☐ No medication ☐ Don't know
38. Seems to have compulsions (repetitive behaviors that this student seems driven to carry out, such as repeated hand washing, counting, or erasing until holes appear).					☐ Medication ☐ No medication ☐ Don't know
39. Seems to have obsessions (persistent or repetitive thoughts that distress this student, such as worry about germs or doors left unlocked).					☐ Medication ☐ No medication ☐ Don't know
40. Has prolonged temper tantrums (greater than 20-30 minutes).					☐ Medication ☐ No medication ☐ Don't know
41. Hears voices telling the student to do bad things.					☐ Medication ☐ No medication ☐ Don't know
42. Seems unaware of others existence, is uninterested in interacting with others.					☐ Medication ☐ No medication ☐ Don't know

continued

	Never	Sometimes	Often	Very Often	Medication
43. Has odd, eccentric or unusual preoccupations (e.g., clothing items, toys, neatness) or has to do things a certain way.					☐ Medication ☐ No medication ☐ Don't know
44. Appears uninterested in activities students his or her age usually like or participate in.					☐ Medication ☐ No medication ☐ Don't know
45. Misses school/excessive absence or tardiness.					☐ Medication ☐ No medication ☐ Don't know
46. Is hungry or appears hungry.					☐ Medication ☐ No medication ☐ Don't know
47. Is tired or appears tired.					☐ Medication ☐ No medication ☐ Don't know
48. Is poorly groomed.					☐ Medication ☐ No medication ☐ Don't know
49. Complains about events at home.					☐ Medication ☐ No medication ☐ Don't know
50. Describes problems in family life.					☐ Medication ☐ No medication ☐ Don't know

Is there anything else that would be helpful for us to know about the student or family situation? Specify:

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_____

continued

Learning Problems

We are interested in whether this student has learning problems **above and beyond** what would be expected for age. Indicate what best describes the student's learning problems over the past 6 months.

	Never	Sometimes	Often	Very Often
1. Has trouble learning new material in an appropriate time frame for age.				
2. Unable to tell time, days of the week, months of the year.				
3. Can't repeat information.				
4. Knows material one day; doesn't know it the next.				
5. Has trouble keeping several different things in mind while working.				
6. Has trouble following multi-step directions.				
7. Rushes through work.				
8. Works too slowly.				
9. Says things that have little or no connection to what others are discussing.				
10. Depends on teacher for repetition of task instructions.				
11. Has difficulty copying written material from blackboard.				
12. Difficulty orienting self (i.e., gets lost, can't find way).				
13. Has poor spatial judgment and often bumps into things.				
14. Confuses directionality (up/down, left/right, over/under).				
15. Has poor spatial organization on paper (difficulty staying in lines, maintaining space between words, staying within page margins).				
16. Mixes up capital and lower case letters when writing.				
17. Reverses letters and numbers.				
18. Has trouble expressing words or events in correct order.				
19. Often mispronounces known or familiar words.				
20. Has trouble verbally expressing thoughts.				
21. Has difficulty distinguishing long vowel sounds and short vowel sounds.				
22. Has trouble expressing thoughts in writing.				
23. Can do math computation but has trouble with word problems.				
24. Has difficulty learning math facts and common number patterns.				
25. Displays poor word attack skills (can't sound out words).				
26. Puts wrong number of letters in words.				
27. Confuses consonant sounds, for example: d-b, d-t, m-n, p-b, f-v, s-z.				
28. Unable to keep place on page when reading.				
29. Reads slowly.				
30. Doesn't comprehend what he/she reads.				

continued

Classroom Behavior

Please select the appropriate number:	Above Average		Average	Below Average	
1. Understanding verbal instructions	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Classroom assignment completion	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Organizational skills	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Getting homework to and from school	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Homework completion	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Relationship with peers	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Following directions	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. Disrupting class	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. Verbal participation in class	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10. Consideration of others.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11. Effort (e.g., tries his/her best)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12. Ability to recover easily from disappointments	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
13. Cognitive ability	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
14. Emotional maturity	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
15. Behavior in less-supervised situations (recess, lunchroom, playground)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
16. Motivation to learn	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

School Performance

Please select the appropriate number:	Exceeds Standards		Meets Standards	Below Standards	
1. Reading decoding	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Reading comprehension	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Reading rate/fluency	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Spelling accuracy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Mathematics concepts	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Mathematics computation	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Handwriting	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. Writing rate	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. Punctuation/grammar	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10. Ability to express thoughts through writing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11. Gross motor skills	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12. Fine motor skills (using pencil & scissors)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

continued

Summary

Please **summarize this student's OVERALL functioning** (i.e., emotionally, behaviorally, socially, academically, etc.) by choosing **ONE** number below. Compare this student's functioning in 2 settings—at school and with peers—to "average students" his/her age who you are familiar with. **Please check only one number.**

- ☐ **Excellent** functioning / No impairment in settings.
- ☐ **Good** functioning / Rarely shows impairment in settings.
- ☐ **Mild** difficulty in functioning / Sometimes shows impairment in settings.
- ☐ **Moderate** difficulty in functioning / Usually shows impairment in settings.
- ☐ **Severe** difficulties in functioning / Most of the time shows impairment in settings.
- ☐ **Needs considerable supervision in all** settings to prevent from hurting self or others.
- ☐ **Needs 24-hour care and supervision** because of severe behavior or gross impairment(s).

Additional Comments:

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Thank you for your time and effort on behalf of this child. Your perspective and information are essential for our evaluation and the family's understanding of their child's functioning. We look forward to working with you. Please feel free to contact us if there are any questions.

Parent and Teacher Developmental Assessment Questionnaires were developed by the Center for Children with Special Needs, Tufts Medical Center, Box #334, 750 Washington Street, Boston, MA 02111. 617- 636-7242.