

Teacher Questionnaire

Thank you for taking the time to fill out this questionnaire. Your input is vital to our comprehensive perspective regarding this student's learning profile. We would appreciate your candid comments and any examples that you have observed in order to best understand any concerns or strengths.

Student's Name: _____

Date: _____

Teacher's Name: _____

How do you observe the student in the following areas:

1. Relationship with peers

2. Relationship with you and other teachers

3. His or her academic progress

4. Classroom life in general

5. His or her self-esteem

What is your most significant concern regarding this student's wellbeing?

When do you observe this student to be most happy/satisfied?