



Learning Matters Inc

P.O. Box 150175, Nashville, TN 37215 • (615) 739-0546

Teacher Questionnaire

Please have your child's teacher complete this form and bring with you to your child's first assessment appointment.

Student Information	
Child's Name:	Grade:
Teacher's Name:	
School:	
School Phone:	Alt Phone:
Teacher Email:	

Please describe your most immediate academic concerns for the child.

Please describe the child's strengths as a learner.

Please describe the child's attention and behavior in the classroom.

How does the child get along well with his/her peers?

Please describe any concerns regarding the child's speech and language development?

Please describe any notable positive or negative experiences that you are aware of that may impede the student's ability to experience success in school.

Please rate the student as **Below Average**, **Average**, or **Above Average** on the following:

Reading		Social Studies	
Spelling		Handwriting	
Writing		Attention	
Reading Comprehension		Effort	
Science		Behavior	

Please provide any additional comments.
