Teacher Questionnaire

Dear Teacher:

Your student, _________________________________________, has been referred to the Center for Counseling and Diagnostic Services at California State University, Sacramento for a diagnostic evaluation. To help us with this evaluation we would appreciate the following information. Thank you very much for your cooperation; your input is very important to us.

What would you consider to be the student’s strengths?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What is the student not doing now that you would like her or him to be able to do?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How does this student compare to other students in your class? (e.g. low average in reading, above average in math, below average in work completion)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What modifications have you tried? How has the student responded?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Your name                                                   Subject/Grades taught                           School Name
______________________________________________________________________________
______________________________________________________________________________

The information on this form may be shared with the child’s parents.

Updated on 2/11/2009