

School Information

Student Name: _____

School: _____ **Teacher:** _____

Grade/School Placement: _____ **Date Form Completed:** _____

Does student have: IEP 504 Plan

If so, under what classification are they being served? _____

1) What concerns or questions do you have about this student which you would like us to keep in mind during the evaluation?

2) What goals and activities are you working on in class? Which are top priorities?

3) How does the student communicate his/her needs? If the student has spoken language, please give examples of what he/she says.

4) What are his/her play skills when playing alone and with other children?

5) What are the student's special interests, likes, and dislikes? What rewards or motivates him/her?

6) Is the student a management problem? If so, how? What methods have you tried, whether successful or not?

7) Please describe your program briefly (number of children, types of difficulties/needs they have, schedule of activities, availability of support services).

8) What is the frequency of contacts you have with the parents? Is there any information concerning the family you feel we should be aware of?

9) What types of special education services, modifications, accommodations does the child currently receive?

10) What expectations do you have from TEACCH following the evaluation (consultation, written report)?

Thank you for completing this form. Please mail to the local TEACCH Center