



## **Developmental Pediatrics Teacher Questionnaire**

**Specialty Clinic Fax # 612-813-6953**  
Children's Hospital and Clinics – Minneapolis  
Pediatric Specialty Clinics – CSC 390  
2525 Chicago Avenue South  
Minneapolis, MN 55404  
**For questions, please call: 612-813-6777**

Dear Teacher/Educator:

We will be seeing this child for a medical evaluation. Because you see this child several hours a day, your observations and concerns are extremely helpful and greatly appreciated. Please answer as much of this form as possible. If you have further explanations or qualifications, please elaborate. We acknowledge that you may not be able to respond to every item on this form. In such cases, simply write, "Unknown" for that item. We are concerned about making this a service to schools as well as families, and about not duplicating what is already done in your school setting. For this reason, we request that we receive this school form, along with ALL available school testing before our assessment team sees the child and their family. If testing is pending, please indicate the tests being given and when results will be available to us.

Thank you for your time and interest.

Sincerely,

Developmental Pediatric Clinic  
Children's Hospitals & Clinics – Minneapolis  
Phone: 612-813-6777  
**REPORT FROM SCHOOL**

Date: \_\_\_\_\_

**For Teacher** (Please complete entire form in ink)

Child's Name: \_\_\_\_\_

School System: \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

School Psychologist: \_\_\_\_\_

School Social Worker: \_\_\_\_\_

**DOES THIS STUDENT RECEIVE:**

YES	NO	Level of Service/Time Per Day
		LD service?.....
		E / BD service? .....
		MH service?.....
		Chapter I help?.....
		Speech / Language help?.....
		OT / PT help?.....
		Adapted physical education?.....
		Other (e.g., services for vision/hearing... impairment?)

\* DOES THIS STUDENT HAVE AN EXISTING IEP?.....

\* (Please attach copy)

**I.** What are this child's strengths, interests and talents? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II.** What are YOUR main concerns and questions about this child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III.** Describe any behavior problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV.** Describe any academic problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V.** Are there outside influences on this child that seem to be affecting his/her performance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI.** Describe any peer relation problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII.** Describe any teacher / adult interaction problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII.** Are there differences in this child's behavior in structured vs. unstructured activities and settings? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IX.** Describe any physical problems including tics, muscle twitches, or making odd noises: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X. School Adjustment (check):**

<b>Yes</b>	<b>No</b>	<b>Comments:</b>
		Frequent and / or long absences _____
		Frequent school transfers _____
		Incomplete homework _____
		Truancy _____
		Cuts classes _____
		Disheveled physical appearance _____

**XI.**

Retained in a grade \_\_\_\_\_

If so, what grades: \_\_\_\_\_

**OBSERVATIONS:**

<b>This Child:</b>	<b>Not at All</b>	<b>Just a Little</b>	<b>Pretty Much</b>	<b>Very Much</b>
Lacks attention to details or makes careless mistakes in school work or work.				
Has difficulty sustaining attention in tasks or play.				
Does not seem to listen when spoken to directly.				
Does not follow through on instructions or fails to finish work or chores.				
Has difficulty organizing tasks and activities.				
Avoids, dislikes, or is reluctant to engage in homework, schoolwork or similar activities.				
<b>This Child:</b>	<b>Not at All</b>	<b>Just a Little</b>	<b>Pretty Much</b>	<b>Very Much</b>
Loses things necessary for tasks or activities.				
Is easily distracted by sounds or sights.				
Is forgetful in daily activities.				
Fidgets with hands or feet, or squirms in seat.				
Leaves seat in classroom or other situations in which staying seated is expected.				
Runs about or climbs excessively in inappropriate situations.				
Has difficulty playing or engaging in leisure activities quietly.				
Is "on the go" or acts as if "driven by a motor."				

Talks excessively.				
Blurts out answers before questions have been completed.				
Has difficulty awaiting turn.				
Interrupts or intrudes on others.				
Loses temper.				
Argues with adults.				
Actively defies or refuses adults requests or rules.				
Deliberately does things that annoy other people.				
Blames others for his or her own mistakes or misbehavior.				
Is touchy or easily annoyed by others.				
Is angry and resentful.				
Is spiteful or vindictive.				
Bullies, threatens, or intimidates others.				
Initiates physical fights.				
Has used a weapon that can cause serious physical harm to others (e.g., bat, broken bottle, knife, gun).				
Has been physically cruel to animals.				
Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).				
<b>This Child:</b>	<b>Not at All</b>	<b>Just a Little</b>	<b>Pretty Much</b>	<b>Very Much</b>
Has forced someone into sexual activity.				
Has deliberately engaged in fire setting with the intention of causing serious damage.				
Has deliberately destroyed other's property (other than by fire setting).				
Has broken into someone else's house, building or car.				
Lies to obtain goods or favors or to avoid obligations (i.e., "cons" others).				
Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).				

Stays out at night despite parental prohibitions, beginning before age 13 years.				
Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period).				
Has been truant from school, beginning before age 13 years.				
Has a depressed mood.				
Has decreased interest or pleasure in daily activities.				
Has significant weight loss or gain, poor appetite or overeating.				
Has difficulty sleeping or is sleeping too much.				
Has low energy or fatigue.				
Seems excessively restless or slowed down.				
Has low self-esteem or feelings of worthlessness.				
Has feelings of hopelessness.				
Has recurrent thoughts of death.				
Has talked about or attempted suicide.				
Has a persistent refusal to go to school in order to stay at home with a parent.				
Has excessive anxiety and worry.				
<b>This Child:</b>	<b>Not at All</b>	<b>Just a Little</b>	<b>Pretty Much</b>	<b>Very Much</b>
Feels worry is difficult to control.				
Is restless or feels keyed up or on edge.				
Is easily fatigued.				
Has difficulty concentrating or mind going blank.				
Has irritability.				
Has muscle tension.				
Has sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).				
Has repetitive behaviors such as hand wringing, ordering, checking; or mental acts such as praying, counting or repeating				

words silently.				
Has recurrent and persistent thoughts, impulses or images that are seen as intrusive or inappropriate and cause anxiety or worry.				
Engages in repetitive behaviors such as hand flapping, repetitively touching hair, etc.				
Has extreme reactions to minor inconveniences or irritations.				
Has difficulty dealing with changes in daily schedule or routines.				
Lacks social discretion (talks about others without regard for their feelings).				
Is a poor judge of other people's reactions or feelings.				
Has mood changes quickly without apparent reason.				
Laughs or cries for little apparent reason.				
Attends to background or distant sounds that others would ignore.				
Confuses the causes of events or does not understand how some events cause other events.				
Believes anything that he or she is told.				
Has poor eye contact.				
Has disinterest in other children.				
<b>This Child:</b>	<b>Not at All</b>	<b>Just a Little</b>	<b>Pretty Much</b>	<b>Very Much</b>
Does not share enjoyment or interests with others				
Does not know how to interact socially.				
Has delays in or lack of spoken language.				
Is unable to sustain conversation.				
Has unusual use of language.				
Displays a lack of make believe play.				
Has an unusual or limited range of interests.				
Insists on sticking to unusual routines or rituals.				
Is preoccupied with parts or objects.				

Has daytime wetting.				
Has soiling (stool).				

**ADDITIONAL CONCERNS OR COMMENTS (Use additional paper if necessary)**

**Signature of person completing report:**

\_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Times Available for Calls:** \_\_\_\_\_

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