



Dear Colleague:

I will be conducting a psycho-educational evaluation with your student in the next few weeks. Because the student's parents are providing you with my forms, they acknowledge that you will share information that will be helpful to the evaluation process. Your school, however, may require parents to sign a *Release of Information* form before information is exchanged. I value your professional input and the time involved in completing the enclosed questionnaire. The information you provide will be discussed with the parents and integrated with other assessment data into a written report. Please feel free to contact me if you have any questions.

Thank you for your time and participation,

Leslie

Leslie Wilson Munson, Ph.D.
Licensed Psychologist



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MIDDLE AND HIGH SCHOOL QUESTIONNAIRE

SUBJECT:

____ English/Language Arts ____ Mathematics ____ Social Studies ____ Science
____ Foreign Language ____ Fine Arts ____ Elective

COURSE NAME/NUMBER: _____

INSTRUCTOR(S): _____ EMAIL: _____

Student Name: _____ Date of Birth: _____

Grade: _____ School Name: _____

School Address: _____

Phone Number: _____

Describe this student's learning strengths and positive behaviors: _____

Describe significant areas of difficulty (academic, social, behavioral) that this student is experiencing in your classroom: _____

Describe any strategies, accommodations, or interventions that have been tried and the outcomes of these interventions: _____

Describe this student's classroom behavior and peer interactions: _____

Describe this student's level of self-confidence in academics and in social interactions: _____

Describe student's response to frustrating situations both academically and socially:

Please provide an estimate of this student's performance/achievement in the following areas:

	Above Age/Grade Level	At Age/Grade Level	Below Age/Grade Level*
Knowledge of Content	_____	_____	_____
Retention of Skills/facts	_____	_____	_____
Test Performance	_____	_____	_____
Performance on Projects	_____	_____	_____
Motivation & Engagement	_____	_____	_____
Listening Skills	_____	_____	_____
Attention & Focus	_____	_____	_____
Organization	_____	_____	_____
Notetaking/Study Skills	_____	_____	_____
Independence	_____	_____	_____
Initiative	_____	_____	_____
Teacher Interactions	_____	_____	_____
Peer Interactions	_____	_____	_____
Self-Confidence	_____	_____	_____
Working with time limits	_____	_____	_____

***For subjects that are noted as being *below age/grade level*, describe specific weaknesses that have been observed (Required):**

Area: _____/Weaknesses	Area: _____/Weaknesses
Area: _____/Weaknesses	Area: _____/Weaknesses
Area: _____/Weaknesses	Area: _____/Weaknesses

Area: _____/Weaknesses	Area: _____/Weaknesses

Please provide any additional information that would be helpful including standardized test scores, work samples, meeting notes, etc.

Teacher's Signature

Date

Print Name

Position

**Please Return to
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