



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

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PRESCHOOL AND ELEMENTARY QUESTIONNAIRE

Student Name: _____ Date of Birth: _____

Grade: _____ Teacher's Name: _____

School Name: _____

School Address: _____

Phone Number: _____ Email Address: _____

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 relationships: _____

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*
Spoken Language	_____	_____	_____
Listening Skills	_____	_____	_____
Reading Decoding	_____	_____	_____
Reading Comprehension	_____	_____	_____
Spelling	_____	_____	_____
Written Expression	_____	_____	_____
Math Calculations	_____	_____	_____
Math Reasoning	_____	_____	_____
Science	_____	_____	_____
Social Studies	_____	_____	_____
Art	_____	_____	_____
Music	_____	_____	_____
Physical Education	_____	_____	_____
Handwriting	_____	_____	_____
<i>Additional Preschool/Kindergarten Items:</i>			
Reading Readiness	_____	_____	_____
Math Readiness	_____	_____	_____
Visual-Motor	_____	_____	_____
Motor Coordination	_____	_____	_____

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

Subject: _____/Weaknesses	Subject: _____/Weaknesses
Subject: _____/Weaknesses	Subject: _____/Weaknesses
Subject: _____/Weaknesses	Subject: _____/Weaknesses

Please indicate those behaviors that you have observed to be a significant problem for this student:

- | | |
|---|--|
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Aggression toward peers | <input type="checkbox"/> Aggression toward adults |
| <input type="checkbox"/> Nervous habits | <input type="checkbox"/> Short attention span |
| <input type="checkbox"/> Problems following directions | <input type="checkbox"/> Hyperactive behavior |
| <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Right/Left confusion |
| <input type="checkbox"/> Displays Immature behavior | <input type="checkbox"/> Poor self-control |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Poor social skills |
| <input type="checkbox"/> Poor self-confidence | <input type="checkbox"/> Difficulty getting along with peers |
| <input type="checkbox"/> Difficulty getting along with adults | <input type="checkbox"/> Easily upset/frustrated |
| <input type="checkbox"/> Unusual behaviors/rituals | <input type="checkbox"/> Intense fears |
| <input type="checkbox"/> Problems completing school work | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Poor organization skills | <input type="checkbox"/> Slow to complete classwork |
| <input type="checkbox"/> Difficulty working independently | <input type="checkbox"/> Slow to start assignments |

Please comment on any problem area(s) noted above:

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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