



TEACHER CHECKLIST

Date: _____

STUDENT: _____
First Middle Initial Last Name

TEACHER: _____ GRADE: _____

SUBJECT/AREA: _____

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This student is being/has been seen at Pediatric Therapy Institute for a diagnostic learning evaluation or therapy. The following information would be most helpful in interpreting his/her education profile and planning his/her individual education plan. THIS CHECKLIST WAS PREPARED FOR STUDENTS K-12; PLEASE DISREGARD ANY QUESTIONS THAT ARE INAPPROPRIATE. Please call 303-649-9007 if you have any additional information you'd prefer to give by phone.

1. This student performs academically in the:
Upper 1/3 _____ Middle _____ Lower 1/3 _____ of his class.
2. Estimated grade level functioning:
Reading _____ Math _____ Written Language _____
3. This student's academic performance seems to be:
Above _____ At _____ Below _____ his/her capabilities.
4. This class group as a whole is academically:
High _____ Medium _____ Low _____
5. Class requirements: List percentage of grade it affects, if possible.
Class Work _____ Homework _____ Projects _____ Discussion _____ Behavior _____ Tests _____
6. Factors negatively influencing academic progress:
Poor Attendance _____ Unable to work alone _____
Inattention _____ Decreased Motivation _____
Poor decoder _____ Poor Comprehension _____
Does Poorly on Tests _____ Doesn't ask for help when needed _____
Compulsivity _____ Poor legibility of written work _____
7. The best thing about this student's performance is: _____

8. The thing that worries me the most about this student's performance: _____

9. How does this student learn best:
Oral Directions _____ Demonstration _____ One to One Instruction _____ Other _____

10. Has this student been given extra help? _____
What kind? _____
What were the results? _____
11. If he/she could receive extra help with any one thing, I would like it to be: _____

12. Does this student participate in or excel at nonacademic activities? Examples: art, music, sports, etc.

13. This student's social-emotional maturity, in comparison to the other students in this class is:
High _____ Average _____ Low _____
14. Behavior: Positive _____ Passive _____ Disruptive _____ Consistent _____ Other _____
15. What does this student do with his/her free time? _____

16. How does this student interact with his peers or in unstructured situations? (Playground, locker area, etc.)

17. This student has:
A lot of friends _____ A few friends _____ No friends _____
18. If possible, please enclose several samples representative of the student's written work.
a.) best
b.) worst
c.) typical
19. Have school specialists been involved with this student? If so, who, i.e. psychologist, educational consultant, reading specialist, OT, PT, Speech/Language:

When? _____
What was done? _____

ADDITIONAL COMMENTS: