



School Information Form

Student's Name _____ Grade _____ Date _____

Teacher's Name _____ School _____

Classes Taught _____

1. Please provide details about this student's academic program:

- Attends regular classroom only
- Receives Resource support
- Attends Learning Centre

- IPP currently in place
- In what subjects?

- Has a normal school program only
- Has a normal school program with adaptations or accommodations

- Has teaching assistant, aide, EA, or EPA
- Full time
- Shared or part-time

2. How much school time has this student missed this year? _____

3. Please describe this student's **difficulties** at school and any **concerns** you have about him/her:

4. What are this student's strengths? Does he/she have any special interests or talents (e.g., athletic; artistic; musical; literary)? _____

5. If this student receives Resource support or attends the Learning Centre, please describe the program(s) in place, the learning focus, and the amount of time per day or week: _____

6. Does this student receive any other services such as occupational therapy, speech-language therapy, tutoring, or guidance counselling? If so, please provide details about the services they receive): _____

7. *How would you describe this student with respect to:*

a. Classroom behaviour (e.g., ability to follow rules and instructions; ability to handle changes and transitions; level of disruptiveness; response to correction; cooperation): _____

b. Work habits (e.g., ability to pay attention, work independently, and use time effectively; organizational skills; degree of pride in quality of work): _____

c. Relationships with other children (e.g., ability to interact positively and accept responsibility for actions; number of friends; popularity; ability to resolve conflict): _____

d. Relationship with you (and other teachers if applicable; e.g., level of respect for teacher; whether demands attention or approval; ability to answer questions and seek help appropriately): _____

8. How would you describe the parent-school relationship (e.g., degree of openness and trust; level of participation in the student's learning; follow-through with teacher requests): _____

9. Please describe any upcoming changes in this student's program (e.g., advancing or repeating grade; increased or decreased resource support): _____

10. What do you hope to gain from this assessment? Are there specific areas that you would like help with when it comes to teaching this student? _____

11. Please feel free to share other concerns or provide other information that you feel would be helpful or pertinent to this student's assessment. _____

Sincere thanks for completing this questionnaire