

## Educational Questionnaire for Teachers (Summer Program)

Student \_\_\_\_\_

Date \_\_\_\_\_

The above student has made an application to The Briarwood School. We are asking that you complete the following questionnaire and return the form as soon as possible to assist with educational planning. Please return via email to [elecomte@briarwoodschool.org](mailto:elecomte@briarwoodschool.org). Thank you very much for your help.

School \_\_\_\_\_

Phone \_\_\_\_\_

Teacher(s) \_\_\_\_\_

Grade \_\_\_\_\_

Classroom Description:

\_\_\_\_\_ Number of students in the class      \_\_\_\_\_ Number of teacher(s) in the class

Please describe any difficulties this child may be having in class:

Please describe what this child enjoys most during the school day:

<b><i>Please Check Appropriate Areas for Behaviors at School</i></b>	Never	Seldom	Sometimes	Often
Follows School Rules				
Distractible				
Acts or Speaks Impulsively				
Tantrums or Meltdowns				
Difficulty Working/Playing With Peers				
Fear of Failure				
Cooperative				
Displays Attention Getting Behavior				
Follows Directions of Adults				
Difficulty With Transitions				
Anxious				
Sensitive to noise or touch				
Hyper focused on a particular subject				

***This is a confidential form to be completed by the child's teacher.***



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www.briarwoodschool.org

Student \_\_\_\_\_

<b><i>Please Check Appropriate Areas as Compared to Peers</i></b>	Poor	Below Average	Average	Above Average	Superior
Reading Decoding					
Reading Comprehension					
Functional Level in Reading					
Math Computation					
Math Facts					
Math Concepts					
Functional Level in Math					
Written Language Content					
English/Grammar Mechanics					
Spelling					
Handwriting					
Fine Motor Coordination					
Gross Motor Coordination					
Follows Directions					
Understands Stories					
Listens Well to Others					
Oral Vocabulary					
Oral Communication of Ideas					
Organization					
Attendance					

Other comments:

**Please include a copy of the most recent report card. Thank you.**

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Signature/Title of person completing this form

Date

***Private and Confidential***

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