

Please give this to your child's teacher or daycare provider.

Have them complete it, and return it as soon as possible.

Por favor entreguele este cuestionario a la maestra para que lo envíen de vuelta a nosotros



Gwinnett County Early Childhood Program
Early Childhood Program
Instructional Support Center
437 Old Peachtree Road, Building 200
Suwanee, GA 30024

Request for General Education Teacher Input

Date form completed: _____

Your assistance is requested in gathering information regarding _____.
As his/her teacher, you have valuable knowledge of this child's ability to function within a preschool setting. Please respond to the following questions as completely as possible, especially in areas of most concern. If you have any questions about how to complete this form, contact us at ecse@gcpsk12.org.

Note: PLEASE PROVIDE COPIES OF THE LATEST PROGRESS REPORT OR WSS DATA WHEN YOU RETURN THIS FORM. THANK YOU!

****Please complete and return only one questionnaire. If there is more than one teacher/caregiver who also wishes to provide input, please complete together.****

Teacher/Caregiver completing form: _____

Preschool/Daycare: _____

Address: _____ **Phone:** _____

What age children are in your class? _____ **Number of children in your class** _____

Days per week this child attends your class _____ **Hours this child is present per day:** _____

Approximately how long have you worked with this child? _____

1. Briefly describe the classroom set-up: (such as number of students, number of teachers, degree of structure, learning emphasis) _____

2. What does this child like to do in your class? (favorite toys, activities, etc...) _____

When is he/she most successful? _____
most frustrated? _____

3. What are your primary concerns about this child's developmental abilities?

4. Are there any behaviors which interfere with this child's learning? Please explain how these behaviors impact his classroom functioning: _____

5. Do the child's difficulties interfere with his/her ability to communicate/understand within your classroom? ___Yes ___No

*Child can make basic wants and needs known in appropriate ways. (please circle)
never rarely sometimes often almost always

Explain further: _____

*Child typically communicates using (please circle all that apply): *gestures, single words, sentences.*

Explain further: _____

*Child's speech is understood by peers and adults. (please circle)

never rarely sometimes often almost always

Explain further: (example: child's response when not understood): _____

*Child asks which of the following types of questions: (please circle) *yes/no, what, where, who, why*
_____ Child does not ask questions.

Explain further: _____

*Child answers questions appropriately. (please circle)

never rarely sometimes often almost always

Explain further: _____

*Child is able to tell about things that have happened. (please circle)

never rarely sometimes often almost always

Explain further: _____

*Child engages in conversational exchanges with peers. (please circle)

never rarely sometimes often almost always

*Child engages in conversational exchanges with adults. (please circle)

never rarely sometimes often almost always

Explain further: _____

*Child seems to understand age-typical vocabulary and concepts. (please circle)

never rarely sometimes often almost always

Explain further: _____

*Child understands verbal directions related to classroom activities. (please circle)

never rarely sometimes often almost always

Explain further: _____

*Please include any additional information about the child's communication skills you would like to share: _____

6. Is the child able to follow the daily routine similarly to his/her peers? Please explain: _____

7. Is the child successful in participating in and completing tasks, such as art activities? Please explain: _____

8. Does the child seem to learn preschool concepts (colors, numbers, etc.) as well as peers? Please explain: _____

9. Does the child require significantly more attention/time/assistance from an adult in order to successfully participate in your classroom than would be considered typical? _____

10. Please check all that apply to the child during group activities:

- | | |
|---|---|
| <input type="checkbox"/> Stays seated without adult assistance. | <input type="checkbox"/> Attends to group activities. |
| <input type="checkbox"/> Requires verbal prompt to stay seated. | <input type="checkbox"/> Tends to leave group. |
| <input type="checkbox"/> Requires physical guidance/adult attention to stay seated. | |
| <input type="checkbox"/> Participates in group activities such as songs, finger plays, stories... | |
| <input type="checkbox"/> Does not attend to teacher during group activities. | |

Explain further about group activities if needed: _____

11. Does the child engage in play with peers? Please explain: _____

12. Does the child interact socially with peers to expected levels? Please explain: _____

13. Does the child engage in age appropriate self help activities (eating, dressing, toileting....)?
Please explain any concerns: _____

14. Does the child have any fine motor difficulties (i.e. copying lines/shapes, manipulating small objects...)?
Please explain any concerns: _____

15. Does the child have any difficulty physically navigating your classroom or the playground equipment independently? If so, please explain: _____

16. Does the child have any significant sensory concerns (e.g. cover ears with loud noises, avoid messy activities, walk on toes, flapping hands) Please explain?

17. What things have you tried to address this child's developmental weaknesses?

18. What three skills do you feel would be most important for this child to realistically achieve within the next school year? _____

Your provision of this information is greatly appreciated. Please return this form, as well as progress reports, as soon as possible by email:

**Gwinnett County Public Schools
Early Childhood Program
437 Old Peachtree Rd. Bldg. 200
Suwanee, GA 30024**

Email to: ecse@gcpsk12.org