will see a developmental-behavioral pediatrician. In order to provide a comprehensive picture of his/her abilities, we request that you complete the information below. The completed form may be returned to the patient and/or directly to our office via the contact information above. We appreciate your time and assistance.

1. What is your relationship to the student? How long have you known him/her?

____________________________________________________________________________________

____________________________________________________________________________________

2. Please give a brief description of the student’s school program including setting, type of classroom, and any special services such as tutoring, resource support, speech/language therapy, counseling, etc.

____________________________________________________________________________________

____________________________________________________________________________________

3. Please describe the student’s developmental, adaptive, and/or academic performance. Include the results of any standardized test scores or annual reports.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

4. Has this student had any developmental, special education, or psychological testing? If so, please include the results of these tests.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

5. Please describe the student’s behavior, including mood, response to assignments, ability to concentrate, and peer/authority relationships.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
6. On the basis of your experience with other students this age/grade, do you feel this child is working up to his/her academic potential?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

7. Do you have any other specific questions, concerns or additional information about this student that you feel would be particularly helpful in our evaluation?

____________________________________________________________________________________
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Teacher’s Name (Please print)  Course or grade  Date