

---

---

## TEACHER INFORMATION REQUEST

---

---

8402 Harcourt Road, Suite 105  
Indianapolis, IN 46260-2006

Tel: 317-5-4/4; 2 • Fax: 317-5-4/4; 3

(Patient Name) \_\_\_\_\_ (DOB: \_\_\_\_\_)

will see c'developmental-behavioral pediatrician. In order to provide a comprehensive picture of his/her abilities, y g'request that you complete the information below. Vj g'eqo r rvgf "hqt"o "b c{ "dg'tgwtpgf "q'yj g'r cvkpv'cpf kt" f ktgewf "q'qwt"qhleg'xlc"yj g'eqpcev'kphqto cvkqp"cdqxd'Y g'cr r tgekv"qwt'ko g'cpf "cuukucpeg0

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

**TEACHER INFORMATION REQUEST**

---

---

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?

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Teacher's Name (Please print)

\_\_\_\_\_  
Course or grade

\_\_\_\_\_  
Date