

Teacher/Specialist Questionnaire

Sue Sacks, MA - Learning Specialist 1220 SW Morrison St. Suite 525 Portland, OR 503-799-2703

Student's name: _____ Class/Grade: _____

Your name: _____ Relationship to student: _____

This student will be receiving on-going learning support. It would be helpful to have your input.

Please complete this and return it to Sue by mail or email (sue@suesacks.com). If you use email, please use the last initial of the student's name only to protect privacy. Feel free to call or email with any questions or to talk further.

What strengths do you see in this student (academic, social, personal interests)?

What are the main concerns you have about this student?

What have you noticed about this student's learning differences (i.e. difficulty remembering information, completing work, regulating attention, processing information, etc.)? If yes, please describe.

What particular strategies, teaching approaches or accommodations have you used that seem helpful for this student?

Please feel free to add any other impressions or insights.