



DE LASALLE ACADEMY

OF FORT MYERS

Teacher Questionnaire

Parent/Guardian directions: Please complete this section and submit this form to your child's current teacher.

Student's Name _____

Date of Birth _____

Name of School _____

City/State _____

I authorize the teacher indicated below to submit this form directly to De LaSalle Academy. The teacher may communicate directly with the De LaSalle Academy admissions team to give more information, if necessary.

Parent or Guardian Signature _____

Date _____

Teacher directions: Thank you for taking the time to answer these questions. You may return the form to the parent, or directly to De LaSalle Academy by mail, fax, or by emailing sbarrow@delasallefm.org

Form completed by: _____ Date completed: _____

Email (should the Admissions Team have additional questions): _____

Subject(s) taught _____

School _____

Number of students in class: _____ Number of teachers: _____ Number of aides/ paras _____

How long have you known the student? <3 months 3-12 months >12 months

How well do you know the student? Not well Moderately well Very well

Does the student have an IEP?: Yes No

Please check any diagnoses or eligibility categories that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> ASD/Asperger's Syndrome |
| <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Intellectual Impairment | <input type="checkbox"/> Language Impairment |
| <input type="checkbox"/> Non-verbal Learning Disability | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Physical Impairment |
| <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Processing Disorder: Circle all that apply Visual/Speed/Auditory | | <input type="checkbox"/> |
| <input type="checkbox"/> Specific Learning Disability: Circle all that apply Reading/Written Language/Mathematics | | |

Please check any related services that the student receives in school: Speech OT PT

What are your primary concerns regarding this student? Academic Social Behavioral

Please describe your primary concerns: _____

Describe the student's strengths: _____

At what grade level is the student receiving instruction in: Reading ____ Lang. Arts ____ Math ____

What is the student's average grade in these core subjects? Reading ____ Lang. Arts ____ Math ____

Has the student repeated any grades? No Yes Don't Know Please list grade(s) repeated: _____

Academic/Developmental Performance

Please check the response that best describes the student's current performance level.

	Don't Know	Below Average	Average	Above Average
Reading				
Decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math				
Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing				
Content (quality of ideas/structure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanics (grammar/punctuation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formation (neatness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Skills				
Using a pencil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tying shoelaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing most sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pronouncing words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telling stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding verbal instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering facts, names, general info	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering what they just heard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavior Inventory

When completing this part of the questionnaire, check the first response that comes to mind in your assessment of the student.

Attention	Never	Just a Little	Often	Almost Always
Does not pay close attention to detail, makes careless mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty maintaining attention for long periods of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty following instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not finish what is started, not due to refusal or failure to understand instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems unorganized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reluctant to engage in challenging tasks requiring prolonged mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loses things necessary for tasks and/or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distractible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears not to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity				
Fidgets or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaves seat in classroom or other times when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs about or climbs excessively at inappropriate times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty playing quietly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is "on the go" or acts as if "driven by motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsivity				
Blurts out answers or questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty awaiting his/her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does things without considering consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupts or intrudes on others (discussions, games, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opposition				
Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to obey rules or commands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately annoys people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blames others for his/her mistakes or misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is touchy or easily annoyed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems angry/resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiteful or wants revenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety				
Excessive worrying that is difficult to control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, keyed up, on edge, nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Mind going blank"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression				
Depressed or sad mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Just a Little	Often	Almost Always
Low energy or fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low self esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses feelings of hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Interaction Skills				
Has a best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows good sportsmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is bossy/needs to be in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is physically aggressive with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets teased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefers peers who are:				
Same age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Younger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opposite Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about the way the child relates to other children? If so, please explain in the comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate whether the student presents any problems with compliance to instructions, commands, or rules in the following situations by circling the "yes" or "no" response space. If you answer "yes", circle the number that most appropriately indicates the severity of the problem.

Situation			Mild					Severe				
	No	Yes	1	2	3	4	5	6	7	8	9	
When arriving at school	No	Yes	1	2	3	4	5	6	7	8	9	
During individual desk work	No	Yes	1	2	3	4	5	6	7	8	9	
During small group activities	No	Yes	1	2	3	4	5	6	7	8	9	
During free-play time in class	No	Yes	1	2	3	4	5	6	7	8	9	
During lectures or instruction	No	Yes	1	2	3	4	5	6	7	8	9	
At recess	No	Yes	1	2	3	4	5	6	7	8	9	
At lunch	No	Yes	1	2	3	4	5	6	7	8	9	
In the hallways	No	Yes	1	2	3	4	5	6	7	8	9	
In the bathroom	No	Yes	1	2	3	4	5	6	7	8	9	
On field trips	No	Yes	1	2	3	4	5	6	7	8	9	
During special assemblies	No	Yes	1	2	3	4	5	6	7	8	9	
On the bus	No	Yes	1	2	3	4	5	6	7	8	9	

Please note any additional comments or information that may help us to better understand this child's academic, behavioral, or emotional needs. Feel free to add any other information that you feel would be helpful to De LaSalle Academy in making an admissions decision.

Thank you for taking the time to complete this questionnaire.