



SHORELINE PEDIATRIC NEUROPSYCHOLOGICAL SERVICES, L.L.C.
ASSESSMENT AND CONSULTATION SERVICES

SHELLEY F. PELLETIER, PH.D., NCSP, ABPP
LICENSED PSYCHOLOGIST
BOARD CERTIFIED IN SCHOOL PSYCHOLOGY
BOARD CERTIFIED IN CLINICAL NEUROPSYCHOLOGY
BOARD CERTIFIED SUBSPECIALIST IN PEDIATRIC NEUROPSYCHOLOGY

TEACHER QUESTIONNAIRE

Completed by _____ Date _____

Student's Name _____ Grade _____ Age _____ DOB _____
Hrs/day in your class(es) _____ Number of days per week in your class(es) _____

Describe any handicapping conditions or disabilities this student has that you're aware of: _____

Any concerns the parents have expressed about the child's situation or the evaluation: _____

Instructional modifications you provide for this student (e.g., one-to-one instructions, proximity to you, etc):

Behavioral modifications you provide for this student: _____

Strengths student has demonstrated in your class: _____

Problems student has encountered or caused in your class: _____

What else you think this student needs in order to experience greater success: _____

Any relevant physical or medical conditions or limitations: _____

Describe this student's interactions with classmates: _____

Describe how well this student handles transitions: _____

Please feel free to add more on the reverse side. Thank you for your time in providing this information.

MAILING ADDRESS
P.O. BOX 303
OLD SAYBROOK, CT 06475

Phone 860-388-2000 ~ Fax 860-388-0621
WWW.SPNS.CC

CLINICAL OFFICE
954 MIDDLESEX TURNPIKE, STE A2
OLD SAYBROOK, CT 06475



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