M. Alex Peterson, Ph.D.

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SCHOOL QUESTIONNAIRE

Dear Teacher,		
will be seen for a neuropsychological assessment. The enclosed questionnaire is extremely helpful in understanding the child in an academic setting. Please return this form to parents, or mail it to address listed above.		
Your Name:	Your School:	
Please describe your class (g	grade, number of children, type of school etc)	
Please describe this child's a	academic/learning strengths:	
Please describe this child's a	academic/learning difficulties:	
Describe this child's ability	to both use and understand language:	

Please estimate grade levels, and/or level of proficiency in the following areas:			
Written Language: Handwriting: Spelling: Science:			
attention in class? No:Yes: _	If so, please describe:		
act concepts? No:Yes: If	so, please describe:		
nation ? No:Yes: If so, pl	lease describe:		
en activities? No:Yes: If	so, please describe:		
No:Yes: If so, please	e describe:		
a - a -	Written Language: Handwriting: Spelling: Science: act concepts? No:Yes: If act oncepts? No:Yes: If so, pi		

How does this child behave during recess/unstructured time?
Please list any questions you hope to have answered by the assessment:
What has been attempted so far to address the child's difficulties (e.g. IEP, class interventions, etc.):
Please use the space below for additional comments and/or concerns.
Would it be alright if we contact you for additional information: Yes No
Phone number Best time(s) to reach you:

Your input is much appreciated. Thank you for your time!

Please return to child's parents or mail/fax this form to address listed on page 1