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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 (grade, number of children, type of school etc)

Please describe this child's academic/learning strengths:

Please describe this child's 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:

Reading – decoding: _____
Reading – comprehension: _____
Arithmetic: _____
Other: _____

Written Language: _____
Handwriting: _____
Spelling: _____
Science: _____

How does this child get along with peers?

Does this child have difficulty focusing or paying attention in class? No: ___ Yes: ___ If so, please describe:

Does this child have difficulty understanding abstract concepts? No: ___ Yes: ___ If so, please describe:

Does this child have difficulty learning new information ? No: ___ Yes: ___ If so, please describe:

Does this child have difficulty transitioning between activities? No: ___ Yes: ___ If so, please describe:

Does this child exhibit behavior problems in class? No: ___ Yes: ___ If so, please describe:
