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Teacher/Therapist Questionnaire

Dear Teachers & School Staff:

In order to best support and accommodate your student during their upcoming evaluation(s), please complete the questionnaire below. Please be as detailed as possible. This information will be used in the report.

Today's Date:	
Name of School:	
Form completed by (Name):	
Position or title:	

Student's Full Name:	
OSIS/NYC ID#:	
Student Diagnoses/Classification:	
Grade:	
Classroom type:	

General Ed., ICT, Special Ed., etc.	
Number of students:	
Number of teachers:	
Number of assistants:	
Is attendance remote or in-person?	
Language(s) spoken at school:	
Student hand preference when writing:	
Referred by:	
Reason for Referral: <i>Specific questions or concerns</i>	

1. What is the student's grade level in reading and in math? Describe their performance.
Speech-Language Therapists may skip this question and go to question #2.

What specific reading tasks are difficult for the client? Circle all that apply:

Letter/Sound Correspondence / Phonological Awareness / Decoding / Eye Problems/Eye Fatigue / Proofreading / Comprehension / Stamina / Reading Speed / Reading Fluency

Other: _____

What specific writing tasks are difficult for the student? Circle all that apply:

Legibility / Holding a Writing Utensil / Manipulating a Writing Utensil / Hand Pain/Hand Fatigue / Needs a Scribe / Spelling / Organizing Ideas / Capitalization / Punctuation / Grammar / Stamina / Cohesion

Other: _____

2. What kind of support does the student need and/or benefit from?

3a. What are the student's strengths and weaknesses?

3b. What would you like to see the client do that s/he cannot do now?

4. How does the student's language skills compare to neurotypical peers with similar backgrounds and language acquisitional histories?

5a. Have you noticed any regression in learning skills, behavior, emotional regulation, or participation in tasks?

5b. Explain how the student's classroom participation and behaviors impact their learning in both remote and in-person classes.

- 6a. How does the student communicate to adults and peers in school?
- 6b. Does the client use verbal communication?
- 6c. Does the client use AAC/AT Device?
- 6d. Does the client use other methods of communication?
- 6e. How are the client's grammatical structures? Etc.

- 7a. What goals/skills has the student mastered this year?
- 7b. What goals/skills is the student currently working on?

8. Please list all of the student's current therapies **including** mandates, therapist names, and therapist contact information.

What assistive technology, supports, or strategies have you already tried? Circle all that apply:

Computer: Mac / PC

iDevice: iPad touch / iPhone / iPad

Low Tech: Slant board / Adaptive writing utensil

Vision aids: Page magnification / Highlighters / More white space / Magnifiers / CCTV / Glare filters / High contrast

Specialized Software: Talking word processor / Speech recognition / Screen magnification

Arm or Wrist support

Adaptive mouse

Touch screen

Note taking device

Other: _____

Describe the client's acquired computer skills. Circle all that apply:

- Trackpad
- Mouse
- Fast at typing
- Slow at typing
- Presses keys accurately
- Accidentally hits unwanted keys
- Knows some letter locations
- Knows all letter locations

Other: _____

Other supports/accommodations. Circle all that apply:

- Note taking
- Short answers
- Homework modifications
- Alternative assignments
- Alternative testing environment
- Extended time for tests
- Prompts read aloud
- Breaks
- Preferential seating
- Repetitions
- Redirections

Other: _____

Please include any other information that you think would be helpful for the upcoming evaluation(s):

End of Teacher/Therapist Questionnaire. Thank you!

Please email the completed form to legenderi.slp@gmail.com