



SCHOOL QUESTIONNAIRE

Student's Name: _____ Date: _____

This form was completed by: _____ Title: _____

Name of School: _____

Grade in School: _____ Has he/she ever repeated a grade? _____ If so, which? _____

Type of school program: _____ General _____ Special Education

If special education, please describe: _____

Academic Subject/ Developmental Area	Far Below Average	Below Average	Average	Above Average	Far Above Average
Student's Level of Effort					

What concerns you most about your student? _____

Describe your student's strengths and what you like best about your student: _____

Please return this document to the address or fax number provided at the top of the page.