Teacher Interview

Student Name:	Grade:
Teacher Name:	Date:

Please complete and return at your earliest convenience. This information will be included in the evaluation report. Thank you.

Strengths:

- 1. What are the student's greatest strengths?
- 2. What activities does the student enjoy?

Directions: Thinking about the student's skills in school and in the community, please answer the following questions:

Daily Living/ Independent Skills:

(e.g., eating, dressing, hygiene, choice making, food preparation, household chores)

- 3. In regard to the student's personal daily living skills at school, what does he/she do well?
- 4. What concerns do you have regarding the student's personal daily living skills?
- 5. When thinking about this student's overall personal daily living skills, how much help or supervision does he/she require? (please check one)
 - □ Almost no help (mostly independent)
 - \Box Needs help with some skills (needs help less than 50% of the time)
 - \Box Regular involvement or help (needs help for most skills more that 50% of the time)
 - □ Needs help with all personal daily living skills (needs constant supervision)

Social Skills:

(e.g., making and keeping friends, cooperation, playing or spending time with peers, resolving conflict).

- 6. In regards to the student's social skills at school, what does he/she do well?
- 7. What concerns do you have regarding the student's social skills?
- 8. When thinking about this student's overall social skills, how much help or supervision does he/she require? (please check one)
 - □ Almost no help (mostly independent)
 - \Box Needs help with some skills (needs help less than 50% of the time)
 - □ Regular involvement or help (needs help for most skills more than 50% of the time)
 - □ Needs help with all social skills (needs constant supervision)

Comments:

Communication Skills

(e.g., display facial expressions, use of assistive technology, written language, nonverbal language, makes comments, choice-making, expressing wants/needs)

- 9. In regard to the student's communication skills at school, what does he/she do well?
- 10. What concerns do you have regarding the student's communication skills?
- 11. When thinking about this student's overall communication skills, how much help or supervision does he/she require? (please check one)

□ Almost no help (mostly independent)

- \Box Needs help with some skills (needs help less than 50% of the time)
- \Box Regular involvement or help (needs help for most skills more than 50% of the time)
- \Box Needs help with all communication skills (needs constant supervision)

Academic Skills:

(e.g., handling money, written skills, managing time, basic reading skills, basic vocabulary)

- 12. In regard to the student's academic skills, what does he/she do well?
- 13. What concerns do you have regarding the student's academic skills?
- 14. When thinking about this student's overall academic skills, how much help or supervision does he/she require? (please check one)
 - □ Almost no help (mostly independent)
 - \Box Needs help with some skills (needs help less than 50% of the time)
 - □ Regular involvement or help (needs help for most skills more than 50% of the time)
 - \Box Needs help with all academic skills (needs constant supervision)

Comments:

Recreation and Leisure Skills

(e.g., turn-taking, following safety guidelines, initiating activities, choosing activities, expanding awareness of interests/skills)

- 15. In regard to the student's recreation and leisure skills at school, what does he/she do well?
- 16. What concerns do you have regarding the student's recreation and leisure skills?
- 17. When thinking about this student's overall recreation and leisure skills, how much help or supervision does he/she require? (please check one)
 - □ Almost no help (mostly independent)
 - \Box Needs help with some skills (needs help less than 50% of the time)
 - \Box Regular involvement or help (needs help for most skills more than 50% of the time)
 - \Box Needs help with all recreation and leisure skills (needs constant supervision)

Community Participation

(e.g., knowledge of community resources, travel skills to access the community, knowledge about community programs, ability to access community resources/facilities such as transportation, shopping, health care, restaurants, and housing)

- 18. In regard to the student's community participation skills, what does he/she do well?
- 19. What concerns do you have regarding the student's community participation skills?
- 20. When thinking about this student's overall community participation skills, how much help or supervision does he/she require? (please check one)
 - □ Almost no help (mostly independent)
 - \Box Needs help with some skills (needs help less than 50% of the time)
 - □ Regular involvement or help (needs help for most skills more than 50% of the time)
 - □ Needs help with all community skills (needs constant supervision)

Comments:

Work and Work-Related Skills

(e.g., completion of tasks, developing job skills, accepting direction, ability to work with others, demonstrating independent work habits)

- 21. In regard to the student's work and work-related skills, what does he/she do well?
- 22. What concerns do you have regarding the student's work and work-related skills?
- 23. When thinking about this student's overall work and work-related skills, how much help or supervision does he/she require? (please check one)
 - □ Almost no help (mostly independent)
 - \Box Needs help with some skills (needs help less than 50% of the time)
 - \Box Regular involvement or help (needs help for most skills more than 50% of the time)
 - □ Needs help with all work and work-related skills (needs constant supervision)