

## 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 at school or 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)
  - Needs help with some skills (needs help less than 50% of the time)
  - 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)

Comments:

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)
  - 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)
  - 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 communication skills (needs constant supervision)

Comments:

Community Access and 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)

12. In regard to the student's community participation skills, what does he/she do well?

13. What concerns do you have regarding the student's community participation skills?

14. 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)
- 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: