



**South Bend Community School Corporation
Special Education Services**

215 S. St. Joseph St, South Bend, IN 46601
Ph: 574.283.8130 Fax: 574.283.8105

General Education Teacher Questionnaire

Please complete this questionnaire and return to: _____ Please return by: _____
(date)

Student Name: _____ STN#: _____ Date: _____

Teacher: _____ School: _____ Grade: _____

1. Do you think his/her current services are appropriate? If not, what would you suggest?

2. What, if any, additional information is needed to help you in the classroom?

3. What modifications work best for this student in your classroom?

4. Student work habits (takes responsibility, completes assignments, etc.):

5. Social/interpersonal skills (with peers and teachers):

6. Current Grades:

7. Attendance:

_____ Good Attendance

_____ Frequently Absent (No. of days absent ____)