



South Bend Community School Corporation Special Education Services

General Education Teacher Questionnaire

Student Name: _____ Grade: _____ Teacher: _____

Please complete this questionnaire and return to _____ by _____

The information below is being sought for the development of an IEP for this student. Your input is very important, and will help to develop an appropriate IEP.

General Questionnaire		Poor	Below Avg	Average	Above Avg
1. Do you think the student's current services are appropriate? If not, what do you suggest?	Attendance				
	Consistent Daily Performance				
	Peer Relationships				
2. What, if any, additional information is needed to help you in the classroom?	Stays on Task				
	Displays Self Confidence				
	Controls Impulsivity				
3. What accommodations work best for this student in your classroom?	Uses Time Effectively				
	Adapts to Change				
	Follows School Rules				
	Follows Classroom Rules				
4. Student work habits (takes responsibility, completes assignments, etc.)	Accepts Discipline				
	Class Participation				
5. Social/Interpersonal Skills (with peers and teachers):	Listening Skills				
	Verbal Skills				
	Follows Oral Directions				
6 What do you feel are this student's strengths?	Other:				
Weaknesses?	Other:				

Add any additional comments on back.