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 ___)