

QUESTIONNAIRE OF SCHOOL PERFORMANCE

Child's Name _____	Agency's Name & Address _____ _____
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Sex <input type="checkbox"/> M <input type="checkbox"/> F	Unit or Worker Name _____
Date of Birth _____	Telephone Number _____
Case # _____	Date: _____

Teacher's Name _____

School Name/District _____

An application for benefits based on disability has been filed on behalf of the above named child. In determining eligibility, it is important to evaluate any physical or mental limitations on a child's ability to perform a full range of age appropriate daily living activities and to behave in an age appropriate manner.

Please complete the following based on school records and your observations of the child; leave blank any information which is not known to you.

1. Current school grade/educational level _____ 2. Class Size _____
3. If current grade not age appropriate, state reason child placed in current grade:

4. Does child exhibit poor frustration tolerance behaviors such as fighting, tantrums, crying episodes, etc.? No Yes
If yes, please cite examples:

On average, frequency of Episodes: _____

5. Does the child exhibit inappropriate social interaction behavior such as withdrawal episodes, disruptive classroom activity, peer relationship problems, teacher-student discipline problems, etc.? No Yes

If yes, please cite examples:

On average, frequency of Episodes: _____

6. Does the child demonstrate problems in performing age appropriate self-care activities, avoidance of danger, etc.? No Yes

If yes, please cite examples:

On average, frequency of Episodes: _____

7. Does the child have problems in the effective completion of tasks in a timely manner? No Yes

If yes, please cite examples:

On average, frequency of Episodes: _____

8. Please provide any other information/observation you have which will assist a determination regarding the adequacy of the child's school performance/behavior:

Teacher/Administrator's Signature _____ Date _____

Title _____ Telephone Number _____