

## Questionnaire of School Performance

<b>Child's Name:</b> (Last, First, Middle)	<b>Case Number:</b>	<b>Date of Birth:</b>
<b>Agency:</b>	<b>Client ID Number:</b>	<b>Disability ID Number:</b>
	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<b>Worker Name:</b>	
	<b>Phone Number:</b>	<b>Date:</b>

<b>Teacher's Name:</b>
<b>School Name:/District:</b>

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 that is not known to you.

<b>Current school grade/education level:</b>	<b>Class Size:</b>
If the current grade is not age appropriate, state the reason the child is placed in the current grade:	
Does the child exhibit poor frustration tolerance behaviors such as fighting, tantrums, crying episodes, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please cite examples:	
On average, what is the frequency of the episodes?	

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, what is the frequency of the episodes?

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, what is the frequency of the episodes?

Does the child have problems in effective completion of tasks in a timely manner?

☐ No

☐ Yes

If yes, please cite examples:

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:**