

ADMISSIONS QUESTIONNAIRE FOR TEACHERS AND THERAPISTS



THIS SECTION SHOULD BE FILLED OUT BY A PARENT PRIOR TO SENDING IT TO TEACHER(S) AND THERAPIST(S)

CHILD'S NAME _____

PLEASE SIGN THIS FORM, MAKE COPIES, AND SEND IT TO YOUR CHILD'S TEACHER(S) AND THERAPIST(S), INCLUDING PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, SPEECH/ LANGUAGE PATHOLOGIST, AND TUTORS WHO WORK WITH YOUR CHILD IN HIS/HER CURRENT SCHOOL OR PROGRAM.

I GIVE PERMISSION FOR _____ TO COMPLETE THIS QUESTIONNAIRE. FOR THE CHILD NAMED ABOVE, I ACKNOWLEDGE THAT I WAIVE MY RIGHT TO READ THE CONFIDENTIAL TEACHER AND THERAPIST RECOMMENDATIONS.

PARENT'S SIGNATURE _____ **DATE** _____

TO BE FILLED OUT BY TEACHER OR THERAPIST

YOUR NAME _____ PHONE _____

SCHOOL OR PROGRAM _____

HOW LONG HAVE YOU KNOWN THIS CHILD? _____

IN WHAT CAPACITY HAVE YOU KNOWN THIS CHILD? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

WHAT DO YOU SEE AS THIS CHILD'S GREATEST STRENGTHS IN YOUR DISCIPLINE? _____

WHAT DO YOU SEE AS THIS CHILD'S GREATEST CHALLENGES IN YOUR DISCIPLINE? _____

PLEASE DESCRIBE THE CHILD'S SOCIAL INTERACTIONS WITH BOTH PEERS AND ADULTS. _____

PLEASE DESCRIBE THE CHILD'S WORK HABITS IN YOUR DISCIPLINE _____

ADMISSIONS QUESTIONNAIRE FOR TEACHERS AND THERAPISTS



TO BE FILLED OUT BY **TEACHER OR THERAPIST** (CONTINUED)

IS HE/SHE:

A. MOTIVATED/CO-OPERATIVE? _____

B. ABLE TO FOLLOW DIRECTIONS? _____

C. FOCUSED AND ATTENTIVE? _____

D. PARTICIPATING IN CLASS ACTIVITIES? _____

E. ABLE TO WORK INDEPENDENTLY? IN A GROUP? _____

F. ABLE TO ASK FOR HELP IF NEEDED? _____

G. DISRUPTIVE? IF SO, UNDER WHAT CIRCUMSTANCES? _____

COMMENTS AND ADDITIONAL INFORMATION _____

(PLEASE FEEL FREE TO CONTINUE ON AN ADDITIONAL PAGE IF NEEDED)

TEACHER'S/THERAPIST'S SIGNATURE _____

DATE _____

THANK YOU FOR THE INFORMATION. PLEASE RETURN THIS FORM WITHIN TWO WEEKS TO:
ADMISSIONS OFFICE | STEPHEN GAYNOR SCHOOL | 148 WEST 90TH STREET | NEW YORK, NY 10024
FOR QUESTIONS, PLEASE CONTACT THE ADMISSIONS OFFICE AT **212.787.7070**