



LESLIE A. STUART, PSY.D.

Licensed Psychologist

Dear Educator,

I will be conducting a psychoeducational evaluation with your student in the near future. Because the parents are providing you with my forms, they are aware of your participation; however, you may wish to have them sign your school's release of information form. Your input is extremely valuable to this process. I appreciate your responses to my questionnaire and/or any other information you would prefer to provide. Please note that the information you provide will be discussed with parents and summarized in the written report. Please feel free to call me at the number below.

Thank you for your time and support.

Sincerely,

Leslie A. Stuart, Psy.D.

Licensed Psychologist

GA License No. 2437

Attachment

[www.drlesliestuart.com](http://www.drlesliestuart.com)

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**Teacher Information Form**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ School System \_\_\_\_\_

Teacher's Name: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_\_\_

Subject Taught: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Describe the student's positive qualities and learning strengths.**

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**Describe areas of concern and the student's learning weaknesses.**

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**Describe any problems the student might be having in school (academic or social).**

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**Comment on the student's behavior or potential.**

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**What strategies/interventions have been tried? What were the outcomes?**

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**Does the student require additional testing time when compared with other students?**

**Yes \_\_\_ No \_\_\_ If "yes," how much additional time does the student require to complete multiple-choice test items? \_\_\_ 25% \_\_\_ 50% \_\_\_ 100%**

**How much additional time does the student require to complete other question types (short answer, essay, math problems)? Please note specific question types and amount of additional time needed for each (25%; 50%; 100%):**

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**Does the student use extended time effectively? Yes \_\_\_ No \_\_\_**

**If "yes," does it benefit the student's learning outcome? Yes \_\_\_ No \_\_\_**

**If "no," why is the accommodation not effective?**

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**Describe how the student gets along with classmates.**

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**Describe any unusual or bizarre behavior.**

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**Indicate the student's achievement level in your class:**

**Academic Subject:**

**Level or Grade:**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

**Is the student receiving any special education services or has the student been referred for these services. Please describe.**

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**Please check all behaviors that apply to this student:**

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|---|---|--|
| <input type="checkbox"/> Short attention span                         | <input type="checkbox"/> Forgetful                          | <input type="checkbox"/> Displays immature behavior      |
| <input type="checkbox"/> Restless (overactive)                        | <input type="checkbox"/> Aggressive                         | <input type="checkbox"/> Difficulty completing tasks     |
| <input type="checkbox"/> Lacks confidence in self                     | <input type="checkbox"/> Temper Tantrums                    | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Speech difficulties                          | <input type="checkbox"/> Daydreams excessively              | <input type="checkbox"/> Withdrawn                       |
| <input type="checkbox"/> Slow in completing work                      | <input type="checkbox"/> Limited vocabulary                 | <input type="checkbox"/> Difficulty expressing self      |
| <input type="checkbox"/> Right/left confusion                         | <input type="checkbox"/> Poor eye contact                   | <input type="checkbox"/> Poor eye/hand coordination      |
| <input type="checkbox"/> Difficulty expressing emotions appropriately | <input type="checkbox"/> Constantly seeks teacher attention | <input type="checkbox"/> Impulsive                       |

**Please provide any additional information that you think might be helpful:**

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**\* PLEASE ATTACH A COPY OF THE REPORT CARD, STANDARDIZED TEST SCORES, AND/OR SCHOOL TRANSCRIPT.**

**Thank you for your assistance. Please return the completed form to:**

**Leslie A. Stuart, Psy.D.  
1100 Johnson Ferry Road, Suite 230  
Atlanta, Georgia 30342**