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Clinical & Educational Psychologist

**CONFIDENTIAL TEACHER INFORMATION FORM**

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (circle one):      Male      Female

Person filling out this form (circle one):      Administrator      Teacher      Counselor      Other

Your name: \_\_\_\_\_ How long have you known this student? \_\_\_\_\_

Could you kindly take a moment from your busy schedule to fill out this survey about your student's progress in your class. *Thank you for your support.*

**SCHOOL INFORMATION**

- Reading \_\_\_\_\_
- Writing \_\_\_\_\_
- Mathematics \_\_\_\_\_
- Understanding Concepts \_\_\_\_\_
- Verbal Expression \_\_\_\_\_
- Response to Authority \_\_\_\_\_
- Concentration \_\_\_\_\_
- Attention to task \_\_\_\_\_
- Effort and Persistence \_\_\_\_\_
- Organizational/Planning \_\_\_\_\_
- Being Careful and Checking Work \_\_\_\_\_
- Controlling impulses \_\_\_\_\_
- Controlling emotions \_\_\_\_\_
- Behaving Appropriately \_\_\_\_\_
- Getting Along with Peers \_\_\_\_\_

Briefly describe what concerns you most about this student: \_\_\_\_\_

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Please describe the best things about this student: \_\_\_\_\_

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What have you found to be the most effective ways of helping this student? \_\_\_\_\_

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Is there any other information that may be important to know about your student (**use extra sheets if needed**)

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