

**SCHOOL FOR LANGUAGE
AND COMMUNICATION DEVELOPMENT
MIDDLE/HIGH SCHOOL
70-24 47th Avenue, Woodside, NY 11377
Tel: (718) 476-7163 Fax: (516) 609-2017 www.slcd.org**

MIDDLE SCHOOL ADMISSIONS GRADES 6, 7, 8

Professional Questionnaire

Please make copies and give this form to your child's classroom teachers, therapists, related service providers and/or tutors.

Student's Name: _____
(Last) (First) (Middle)

School: _____

Teacher/Therapist Name: _____ School: _____

In what capacity do you know the student? _____ Telephone: _____

1. Academics

a. *Reading.* Have you used specific programs? _____
Describe _____
What is his/her reading level (comprehension)? _____
What are the student's areas of strength and weakness? Please describe briefly _____

b. *Mathematics.* Please describe the math programs used. _____

What is his/her math level? _____ What are the student's areas of strength and weakness? _____
Please describe briefly. _____

c. *Writing.* Please describe any programs used for teaching writing skills. _____
_____ Were they successful? _____
Can the student organize his/her ideas independently? _____
At what grade level? _____
Describe the content of the student's writing _____

Does the student have age appropriate handwriting skills? _____ If not, please explain _____

2. **Behavior**

Please check the following if they apply and explain the circumstances:

- Cooperative _____
- Motivated _____
- Withdrawn _____
- Exhibits ties _____
- Daydreams _____
- Exhibits extreme anxiety _____
- Cries or laughs easily _____
- Disruptive (*describe*) _____
- Negativistic or Defiant (*describe*) _____
- Uses tangential language _____
- Unaware of immediate surroundings _____
- Stereotypic behaviors _____
- Difficulty with transitions (*describe*) _____
- A pleasure to have _____
- Attentive _____

3. **Work Habits**

- a. Please describe how the student works with adults. _____

- b. Please describe how the student works with peers. _____

- c. Can he/she work independently? _____
Under what circumstances? _____

- d. How does the student handle frustration (difficult work)? _____

4. **Social**

- a. What are this student's personal strengths? _____

- b. Does his/her social skills or lack thereof interfere with his performance in the classroom? _____

- c. Describe the student's friendships in the class. _____

Comments: _____

Your cooperation is greatly appreciated.

I give permission for _____ to fill out this questionnaire.
(Name of Teacher, Related Service Provider, Therapist, etc.)

Title: _____

Parent/Guardian Signature: _____ Date _____

PLEASE RETURN THIS FORM TO:

**Dr. Helene Mermelstein
SLCD
Admissions and Evaluations
100 Glen Cove Avenue
Glen Cove, NY 11542**