### **TEACHER QUESTIONNAIRE**

# ANSWERS FOR TEACHERS OR HOMESCHOOL TEACHERS ABOUT THE QUESTIONNAIRE

One of your current or former students has filed a claim for disability benefits. We need information from you to help us make our decision. Please complete the enclosed questionnaire.

### Q. WHY DO YOU NEED INFORMATION FROM ME?

A. To decide whether a child qualifies for disability benefits, we use information from both medical and nonmedical sources. Medical sources include doctors and other health care professionals; non-medical sources include teachers and other people who spend time with the child. Information from sources who know the child well is important, because a child's level of functioning at school, at home, or in the community may affect his or her eligibility. The information you provide about the child's day-to-day functioning in school will help us to determine the effects of the child's impairment(s). It will also help us to compare this child's functioning to that of other children the same age who do not have impairments. We need this information from you even if you have taught (or did teach) the child for only a short time. Your information is not the only information we will be considering when we decide if the child qualifies for disability benefits, but it is very important to us.

## Q. IS THIS REQUEST REDUNDANT? WE (OR OTHERS) HAVE ALREADY EVALUATED THIS CHILD UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA).

A. The definition of disability in the Social Security Act is entirely separate from the definition of an "educational disability" in the IDEA. We must determine whether a child's impairment(s) meets the SSA definition of disability, regardless of the child's standing under the IDEA definition of educational disability.

## Q. I DO NOT THINK THE CHILD IS DISABLED. SHOULD I COMPLETE THIS FORM?

A. Yes. Under Social Security law, we are responsible for deciding whether this child is disabled, and we will be making our decision based on all of the medical, school, and other information we receive. Your observations will help us to have a more complete picture of the child's daily functioning and to make a fair and accurate decision. Your completion of this form does not constitute an endorsement of our decision.

#### Q. THE FORM IS LONG. DO I NEED TO ANSWER EVERY QUESTION?

A. Not always. The form uses checkboxes and multiple choice questions to help you provide specific information as easily and quickly as possible, so it is not as long as it may appear. We also organized the form into sections that cover broad domains of functioning. For each section, there is an option to check one block indicating that you have not observed any limitations in that domain. When you have not observed any limitations in a domain, you may check that block and move on to the next section.

We appreciate your cooperation, your time, and your effort in completing the questionnaire.

# The Privacy Act Statement Teacher Questionnaire Collection and Use of Personal Information

Sections 1614 and 1633 of the Social Security Act, as amended, and 20 CFR 416.924a (a), authorize us to collect this information. We will use the information you provide to make a decision on the named claimant's claim. The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent our making an accurate and timely decision on the named claimant's claim. We rarely use the information you supply for any purpose other than to make a decision on a claimant's disability. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
- 4. To facilitate audit or investigative activities necessary to ensure the integrity of Social Security programs.

We may also use the information you provide in computer-matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs. Explanations about these and other reasons why information you provide us may be used or given out are available in Systems of Records Notice 60-0089 (Claims Folder Systems). The Notice, additional information about this form, and any other information regarding our systems and programs are available on-line at <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. If you have questions about how to complete the form, contact the Requesting Office; see page 1, upper left corner, for the name, address, and phone number of the Requesting Office. If you need the address or phone number for the Requesting Office, you can get it by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778). SEND THE COMPLETED FORM TO THE REQUESTING OFFICE. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM

RE	EQUESTING OFFICE NAM	E AND ADDRESS	ATTACH LABE	L OR TYPE IN C	LAIMANT NAME
	THIS FOI	TEACHER ( RM SHOULD BE COMPLE WITH THE CHILD'S		SON(S) MOST	FAMILIAR
Na	ame of School:				
1.	How long have you kn	own, or did you know, th	is child?		
2.	How often, and for ho	w long, do you, or did yoเ	u, see this child?		
	For what subjects:				
3.	Actual Grade Level:	Current Instructional Levels		Special Ed. Ser	vices & Frequency
		Reading Level:			
	Student/Teacher Ratio:	Math Level: Written Language Level:			
4.	Is there, or was there,	an unusual degree of abs	enteeism? 🔘 I	No Yes	If yes, please explain:
_	<u> </u>				
5.	Dominant Language:	$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$	h () Other (ple	ease specify)	
6.	Any other names by w	hich the child is known:			

### **IMPORTANT**

<u>Please compare this child's functioning to that of same-aged children</u> who do not have impairments.

If the child is receiving special education services, please be sure to compare his or her functioning to that of same-aged, unimpaired children who are in regular education.

ı		VNID LIGINIC	INFORMATION	
	AUJUIRING	AIVID USING	INFURIVATION	

Compared to the functioning of same-aged children without impairments, this child has:  1		YES, the child has prob Please mark a rating for	r each activi		LISTED BELOW								
No Problem A slight problem An obvious problem A serious problem  RATING  1. Comprehending oral instructions		Compared to t	he functionin	g of same-aged children	without impairment	s, this	child ha	as:					
RATING  1. Comprehending oral instructions  1	١		roblem	_	4 A serious problem	ı A	verv se	-	roblem				
1. Comprehending oral instructions  2. Understanding school and content vocabulary  3. Reading and comprehending written material  4. Comprehending and doing math problems  5. Understanding and participating in class discussions  6. Providing organized oral explanations and adequate descriptions  7. Expressing ideas in written form  8. Learning new material  9. Recalling and applying previously learned material  10. Applying problem-solving skills in class discussions  11							<u> </u>						
2. Understanding school and content vocabulary  3. Reading and comprehending written material  4. Comprehending and doing math problems  5. Understanding and participating in class discussions  6. Providing organized oral explanations and adequate descriptions  7. Expressing ideas in written form  8. Learning new material  9. Recalling and applying previously learned material  10. Applying problem-solving skills in class discussions  11. 2. 3. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	1.	Comprehending oral instru	ections		1	_			_				
3. Reading and comprehending written material  4. Comprehending and doing math problems  5. Understanding and participating in class discussions  6. Providing organized oral explanations and adequate descriptions  7. Expressing ideas in written form  8. Learning new material  9. Recalling and applying previously learned material  10. Applying problem-solving skills in class discussions  11	2.	Understanding school and	content vocab	ulary	1			4					
4. Comprehending and doing math problems  5. Understanding and participating in class discussions  6. Providing organized oral explanations and adequate descriptions  7. Expressing ideas in written form  8. Learning new material  9. Recalling and applying previously learned material  10. Applying problem-solving skills in class discussions  11	3.	Reading and comprehendi	ng written mat	erial	1	_	_		_				
5. Understanding and participating in class discussions  6. Providing organized oral explanations and adequate descriptions  7. Expressing ideas in written form  8. Learning new material  9. Recalling and applying previously learned material  10. Applying problem-solving skills in class discussions  11	4.	Comprehending and doing	math problem	s	1		_	4					
6. Providing organized oral explanations and adequate descriptions  7. Expressing ideas in written form  8. Learning new material  9. Recalling and applying previously learned material  10. Applying problem-solving skills in class discussions  11. 2. 3. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	5.	Understanding and particip	pating in class	discussions	1	2	3	4	5				
7. Expressing ideas in written form  8. Learning new material  9. Recalling and applying previously learned material  10. Applying problem-solving skills in class discussions  11	6.	Providing organized oral ex	xplanations an	d adequate descriptions	1	2	3	4					
8. Learning new material  9. Recalling and applying previously learned material  10. Applying problem-solving skills in class discussions  11	7.	Expressing ideas in written	n form		1	2	3	4	_				
9. Recalling and applying previously learned material  10. Applying problem-solving skills in class discussions  1	8.	Learning new material			1	2	3	4	5				
10. Applying problem-solving skills in class discussions  What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind	0	Decelling and applying are	viously learne	d material	1	2	3	4	_				
child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind	9.	Recalling and applying pre			1	0	3	4	_				
			skills in class d	iscussions	Ö	<u></u>	0	<u> </u>					
	10. Wha	Applying problem-solving sat else can you tell us about in doing them? Does the	ut the child's pet ext	problems with these acti ra help, or an unusual d	vities? For example,	how in			the				
	10. Wha	Applying problem-solving sat else can you tell us about in doing them? Does the	ut the child's pet ext	problems with these acti ra help, or an unusual d	vities? For example,	how in			the				
	10. Wha	Applying problem-solving sat else can you tell us about in doing them? Does the	ut the child's pet ext	problems with these acti ra help, or an unusual d	vities? For example,	how in			the				
	10. Wha	Applying problem-solving sat else can you tell us about in doing them? Does the	ut the child's pet ext	problems with these acti ra help, or an unusual d	vities? For example,	how in			the				
	10. Wha	Applying problem-solving sat else can you tell us about in doing them? Does the	ut the child's pet ext	problems with these acti ra help, or an unusual d	vities? For example,	how in			the				
	10. Wha	Applying problem-solving sat else can you tell us about in doing them? Does the	ut the child's pet ext	problems with these acti ra help, or an unusual d	vities? For example,	how in			the				

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### II. ATTENDING AND COMPLETING TASKS

		s observed in this dor ed this block, go dired			ears	age	-арр	ropriate.				
		ld has problems function are the state of th										
	RATING KEY FOR ACTIVITIES LISTED BELOW  Compared to the functioning of same-aged children without impairments, this child has:											
1 2 3 4  No Problem A slight problem An obvious problem A serious problem					A very s	5 erious r	robler	n				
						FREQUE						
	B			1	2	3	4	5	Monthly	Weekly	Daily	Hourly
1.	Paying attent	ion when spoken to directl	у	0	<u> </u>	<u> </u>	0	<u> </u>	Monthly	Weekly	Daily	<u> </u>
2.	Sustaining at	tention during play/sports	activities	$\bigcirc^{1}$	2	3	4	5	Monthly	O	Daily	Hourly
3.	Focusing long	g enough to finish assigne	d activity or task	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
4.	Refocusing to	task when necessary		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
		•		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
5.	Carrying out	single-step instructions		0	0	0	0	0	0	0	0	0
6.	Carrying out	multi-step instructions		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
7.	Waiting to tak	re turne		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
· · ·	_				2	3	<u> </u>	5	Monthly	Weekly	Daily	Hourly
8.	Changing from	m one activity to another v	vithout being	0	Ō	Ŏ	Ċ	Ö	,	O	<u> </u>	O
9.		wn things or school materi	als	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
10.	Completing c	lass/homework assignmer	nts	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
11.	Completing w	ork accurately without car	eless mistakes	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
	Completing W	Tork documents without our	- Close Mictarics	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
12.	Working with	out distracting self or other	rs	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		Ó	Ó	Ó	Ó
13.	Working at re	easonable pace/finishing o	n time	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
doin	What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed.)											

### III. INTERACTING AND RELATING WITH OTHERS

	NO problems obset you selected this				ears	age	-арр	ropriate.				
	YES, the child has problems functioning in this domain.  Please mark a rating for each activity listed below.											
	RATING KEY FOR ACTIVITIES LISTED BELOW  Compared to the functioning of same-aged children without impairments, this child has:											
1 2 3 4 5 No Problem A slight problem An obvious problem A serious problem A very serious problem										m		
					R	ATIN	G		FREQUEN	ICY OF	PRO	BLEM
1.	Playing cooperatively	with other children		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
2.	Making and keeping	friends		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
3.	Seeking attention ap	oropriately		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
		•		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
	Expressing anger ap	•		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
5.	Asking permission ap	propriately		<u> </u>	2	3	<u>4</u>	5	Monthly	Weekly	Daily	Hourly
6.	Following rules (class	sroom, games, spor	ts)	Ö	Ō	Ö	Ö	Ö		O	O	
7.	Respecting/obeying	adults in authority		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
8.	Relating experiences	and telling stories		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
9.	Using language appr	opriate to the situati	ion and listener	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
10.	Introducing and mair	ntaining relevant and		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
	topics of conversation			1	2	3	4	5	Monthly	Weekly	Daily	Hourly
11.	Taking turns in a con			0	2	3	4	5	Monthly	O Weekly	Daily	Hourb
12.	Interpreting meaning language, hints, sard		n, body	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$	Monthly	Weekly	Daily	Hourly
13.	Using adequate vocathoughts/ideas in ge	abulary and gramma	ar to express versation	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
If yes	Has it been necessary to implement behavior modification strategies for the child? NO YES If yes, please explain below (e.g., behavior plan, personal assistant, time-out, quiet room, removal from the classroom, change of school placement, suspension, expulsion). Please be as detailed as possible.											
child	What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed.)											

		III. INTERACTING	G AND RELATING W	ITH OTHERS	(CONTINU	ED)	
		nild's speech can you, a d on the first attempt?	as a familiar	Very Little	No more than 1/2	1/2 to 2/3	Almost All
1	. When the top	pic of conversation is l	known?	0	0	0	0
2	. When the to	pic of conversation is u	unknown?	0	0	$\circ$	0
		nild's speech can you, a petition and/or rephras		0	0	0	0
		IV. MOVING	ABOUT AND MANIP	JLATING OBJ	ECTS		
		observed in this dor d this block, go dired	nain; functioning appe	ars age-approp	oriate.		
		l has problems funct a rating for each acti	ioning in this domain. vity listed below.				
	Comp		ING KEY FOR ACTIVITIES g of same-aged children			d has:	
	1 No Problem	2 A slight problem	3 An obvious problem	4 A serious p	roblem A	5 very serious	problem
						RATIN	
1.			(e.g., standing, balancing, unning, jumping, climbing)	shifting weight,	1	$\begin{array}{cccc} & 2 & 3 \\ \bigcirc & \bigcirc & \bigcirc \end{array}$	4 5
2.	Moving and ma	anipulating things (e.g., p	ushing, pulling, lifting, carry nd hands to manipulate sn		1		4 5
3.	Demonstrating	strength, coordination, d	lexterity in activities or task	s	1	2 3	4 5
4.	Managing pace	e of physical activities or	tasks		1		4 5 O
5.	Showing a sens	se of body's location and	I movement in space		1	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	4 5
6.	Integrating sen	sory input with motor out	tput		Ċ		<u> </u>
7.	Planning, reme	embering, executing cont	rolled motor movements		1	2 3	4 5
the c	hild in doing t	hem? Does the child	d's problems with these get extra help, or an ur the last page if needed	nusual degree of			
-							
-							

V.	CARING FOR H	IIMSEL	_F C	RH	ERS	ELF					
NO problems observed in this definition of the selected this block, go directly and the selected	omain; functionir	ng app	ears	age	-app	ropriate.					
			_	_		_	, this child l	nas:			
1 2 No Problem A slight problem	3 An obvious pro	blem		4 A serious problem			5 A very serious problem				
			R	ATIN	IG						
Handling frustration appropriately		1	2	3	4	5	Monthly	Weekly	$\bigcirc$	Hourly	
Being patient when necessary		1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
Taking care of personal hygiene		1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
Caring for physical needs (e.g, dressi	ng, eating)	1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
Cooperating in, or being responsible to medications	for, taking needed	1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
Using good judgement regarding pers	sonal safety	1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
Identifying and appropriately asserting	g emotional needs	1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
	s in own mood	1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
Using appropriate coping skills to me	et daily demands	1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
Knowing when to ask for help		1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
hild in doing them? Does the ch	ild get extra help,	or an ı	unus								
t /	RAT Compared to the function  1 2 No Problem A slight problem Handling frustration appropriately Being patient when necessary Taking care of personal hygiene Caring for physical needs (e.g, dressing good judgement regarding personal dangerous circumstances Identifying and appropriately asserting Responding appropriately to changes (e.g, calming self) Using appropriate coping skills to me of school environment Knowing when to ask for help  I else can you tell us about the child in doing them? Does the child	IO problems observed in this domain; functioning in this down selected this block, go directly to Section Notes that the following selected this block, go directly to Section Notes the child has problems functioning in this down selected mark a rating for each activity listed below the selected mark a rating for each activity listed below the functioning of same-aged to the funct	AO problems observed in this domain; functioning apprendices of you selected this block, go directly to Section VI.  YES, the child has problems functioning in this domain of the child has problems functioning in this domain of the child has problem functioning in this domain of the child has problem.  RATING KEY FOR ACTIVITII  Compared to the functioning of same-aged childred and obvious problem.  A slight problem functioning of same-aged childred and obvious problem.  A slight problem functioning of same-aged childred and obvious problem.  An obvious problem functioning of same-aged childred and obvious problem.  Compared to the functioning of same-aged childred and obvious problem.  Compared to the functioning of same-aged childred and obvious problem.  Compared to the functioning of same-aged childred and obvious problem.  Caring frustration appropriately for the child selection of school environment.  Caring for physical needs (e.g., dressing, eating)  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Cooperating in, or being responsible for, taking needed medications.  Caring for physical needs (e.g., dressing, eating).  Cooperating in, or being responsible for,	AO problems observed in this domain; functioning appears f you selected this block, go directly to Section VI.  (ES, the child has problems functioning in this domain. Please mark a rating for each activity listed below.  RATING KEY FOR ACTIVITIES L Compared to the functioning of same-aged children with a slight problem of same-	RO problems observed in this domain; functioning appears age by ou selected this block, go directly to Section VI.  (ES, the child has problems functioning in this domain. Please mark a rating for each activity listed below.  RATING KEY FOR ACTIVITIES LISTE  Compared to the functioning of same-aged children without  1	NO problems observed in this domain; functioning appears age-app f you selected this block, go directly to Section VI.  YES, the child has problems functioning in this domain.  YES, the child has problems functioning in this domain.  RATING KEY FOR ACTIVITIES LISTED BE Compared to the functioning of same-aged children without imp  1	Fyou selected this block, go directly to Section VI.  TES, the child has problems functioning in this domain.  Telease mark a rating for each activity listed below.  RATING KEY FOR ACTIVITIES LISTED BELOW  Compared to the functioning of same-aged children without impairments  1	IO problems observed in this domain; functioning appears age-appropriate.  If you selected this block, go directly to Section VI.  IES, the child has problems functioning in this domain.  Please mark a rating for each activity listed below.  RATING KEY FOR ACTIVITIES LISTED BELOW  Compared to the functioning of same-aged children without impairments, this child in doing them? Does the child's problem.  RATING  RATING  RATING  RATING  RATING  RATING  FREQUEN  RATING  FREQUEN  A serious problem A very standard in the second in this domain.  Problem A slight problem An obvious problem A serious problem A very standard in this child in doing them? Does the child get extra help, or an unusual degree of structure or su	IO problems observed in this domain; functioning appears age-appropriate.  If you selected this block, go directly to Section VI.  (ES, the child has problems functioning in this domain.  Please mark a rating for each activity listed below.  RATING KEY FOR ACTIVITIES LISTED BELOW  Compared to the functioning of same-aged children without impairments, this child has:  1	IO problems observed in this domain; functioning appears age-appropriate. Fyou selected this block, go directly to Section VI.  (ES, the child has problems functioning in this domain. Please mark a rating for each activity listed below.  RATING KEY FOR ACTIVITIES LISTED BELOW  Compared to the functioning of same-aged children without impairments, this child has:  1 2 3 4 4 5 5 A serious problem A very serious problem A very serious problem A very serious problem A very serious problem A serious problem A very serious probl	

### VI. MEDICAL CONDITIONS AND MEDICATIONS/HEALTH AND PHYSICAL WELL-BEING Describe below any chronic or episodic condition (e.g., asthma, sickle cell anemia, depression, seizures). Does the condition have any physical effects (e.g., shortness of breath, reduced stamina, psychomotor retardation, incontinence, pain) that interfere with the child's functioning at school? How often does the child experience these physical effects related to the condition? Please check any of the following that the child uses: Assistive Glasses Nebulizer/Inhaler Technology device Hearing Aid Auditory Trainer Orthopedic devices Prosthesis Other (please specify) Is medication prescribed for this child? Specify below, if known. ○ No ○ Yes ○ Don't know Does this child take the medication on a regular basis? $\bigcirc$ No O Don't know Does this child's functioning change after taking medication? $\bigcirc$ No O Don't know If yes, please explain below. Does this child frequently miss school due to illness? $\bigcirc$ No If yes, please explain below. What else can you tell us about the physical effects of the child's physical or mental condition or treatment for the condition? (Continue on the last page if needed.) PLEASE PROVIDE YOUR NAME AND TITLE ON NEXT PAGE. Add any remarks as needed.

VII. ADDITIONAL COMMENTS	
Use this section for continuation of any previous sections. You may also use this section to make any acremarks, or to note any changes in the child's functioning, for better or worse, that you would like to address.	lditional ress.
This form completed by	
This form completed by:	Doto
Name/Title	Date
If we need more information about this child,  o Is there a phone number where we can reach you?  Is there a best time to call you?  a.m.  p.m.	
	Date
If we need more information about this child,  o Is there a phone number where we can reach you?  Is there a best time to call you?  a.m.  p.m.	
THANK YOU	