



15 Brickyard Road, Suite 1
Essex Junction, VT 05452
Office (802) 355-7753
rise@kingfisherlearning.com

TEACHER QUESTIONNAIRE

Name of Student _____
Date of evaluation _____
Person completing form and position _____
Telephone and/or email _____

This student has been scheduled for an evaluation of his/her learning profile at Ascent Learning Services, Inc. Any information you offer will help us optimally understand this individual as a learner. *This form may be photocopied.*

1. What might you wish to learn from this evaluation?

2. Do you currently have any concerns regarding this student? If yes, please describe.

3. Please describe this student's performance within your classroom setting, including areas of strength and weakness.

4. How would you describe this student's interactions with peers? With adults?

5. To develop the most relevant and appropriate recommendations, please list (on the back of this page) any programs, strategies, methods, materials, etc. that you have implemented, either successfully or unsuccessfully, with this student. Please comment on the effectiveness of instruction, differentiation, and/or accommodations you have offered and feel free to attach another page, work samples, or email Melissa M. King, M.Ed. directly.