

Information Sheet

Name _____ School/Grade _____

Person Completing the Form _____ Relationship to Student _____

PLEASE CHECK ALL THAT APPLY:

CONCENTRATION

- Has a hard time sitting still
- Concentration broken when people are moving around
- Usually asks for directions to be repeated
- Needs quiet to work
- Can concentrate no matter what is happening

SHYNESS

- Painfully shy
- Average
- Never meets a stranger
- Carries on conversations easily with
peers teachers other adults

WORKING PACE

- Tasks completed slowly & methodically
- Tasks completed at average rate
- Tasks completed quickly, if so
 Accurately OR Carelessly

CUES TO THINKING STYLE

- Uses more advanced speech than peers
- Produces more elaborate drawings than peers
- Reads a lot
- Pays attention to detail
- Is better at science and math than reading
- Chooses to work puzzles or play board games

EXHIBITS PROBLEM SOLVING STRATEGIES BY:

- Telling about how to do it Building it
- Showing how to do it Drawing it
- Writing about how to do it

Does this child wear glasses _____ Does this child use a hearing aid _____

Does this child take medication _____ What? _____

Does this child speak English as a second language _____

Does this child have any speech or hearing problems _____

ANY ADDITIONAL COMMENTS, PLEASE USE THE BACK OF THIS PAGE