



**Dan Kehoe, C.Psych.**  
Psychologist

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### TEACHER INFORMATION SURVEY

Student's Name:

Today's Date:

Birthdate:

Age:

Sex:

Male

Female

Person filling out this form:

Administrator

Teacher

Counselor

Other

Your name:

How long have you known this student?

I am completing a comprehensive psychological assessment with your student. Kindly take a moment from your busy schedule to fill out this survey about your student's progress in your class. At a future time, I may provide you with questionnaires to complete. Please be aware that parents have the right to see this completed survey. Once you complete the survey, scroll to the top of the page and tap the arrow icon to save it to your computer. Kindly forward a copy to me electronically at: dankehoe@ymail.com. Please know that I really appreciate your valued 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 you are most concerned about this student:

Please describe the best things about this student:

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

Is there any other information that may be important to know about your student?