

TEACHER CONTRIBUTION FORM

FOURTH EDITION

Developed by:
Ray W. Christner, Psy.D., NCSP

Child's Name: _____ Age: _____ Gender: _____

School: _____ Grade: _____ District: _____

Person Completing the Form: _____ Position: _____

General Instructions

Dear Teacher:

As part of the psychological evaluation process, we ask that you fill out this form as fully and openly as possible. Your answers will provide an understanding of the child's performance in your classroom, as well as your perceptions. This information will help to ensure an accurate assessment, which will assist in designing appropriate interventions and making recommendations. Add or attach any additional information that you believe would be helpful in understanding the child's school performance (e.g., work samples, curriculum-based assessments, etc.). We appreciate your cooperation and willingness to complete this form and to return it promptly. When completing the forms, consider the following instructions:

1. Read the questions carefully and answer them in full.
2. Write as legibly as possible.
3. Be sure to complete all additional forms provided in the packet.
4. The child's primary teacher should complete all forms. If the child has several teachers, contact our office to ensure forms are sent to all teachers involved.
5. Please understand this information is for intervention planning and evaluation purposes and it may be included as part of a report on the child. If there is information you are hesitant in sharing, contact our office for clarification or a private meeting.

Thank you in advance for completing the forms and returning them promptly.



Cognitive Health Solutions LLC

www.CognitiveHealthSolutions.com

REFERRAL INFORMATION

Describe your main concerns regarding this child.

Describe what you would like this child *to be able to do* that he or she *is not* currently doing.

GENERAL INFORMATION

In your opinion, what are this child’s strengths?

In your opinion, what are this child’s weaknesses or needs?

Provide a brief summary of this child’s classroom behaviors/social interaction.

How is this child’s school attendance? Good Fair Poor

If poor or fair, provide general information regarding days missed (i.e., illness, tardy, etc.).

PRESENT SERVICES AND SUPPORTS

Check any services currently being received by this child.

- | | |
|--|---|
| <input type="checkbox"/> Title 1: Math | <input type="checkbox"/> ELL |
| <input type="checkbox"/> Title 1: Reading | <input type="checkbox"/> Homework Club |
| <input type="checkbox"/> Speech & Language Therapy | <input type="checkbox"/> Hearing Itinerant |
| <input type="checkbox"/> Occupational Therapy (OT) | <input type="checkbox"/> Vision Therapy |
| <input type="checkbox"/> Physical Therapy (PT) | <input type="checkbox"/> Learning Support (language arts or math) |
| <input type="checkbox"/> Individual/Group Counseling | <input type="checkbox"/> Support from Reading Specialist |
| <input type="checkbox"/> SAP | <input type="checkbox"/> Alternative Education |
| <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Wraparound/BHRS (e.g., TSS) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

List and explain any instructional strategies or accommodations presently provided in your classroom and note the outcome of these interventions.

Adaptation or Accommodation	Outcome
<i>Example: Repeated readings with peer tutor</i>	<i>Improved fluency from 40 words per minute to 65 words per minute.</i>
<i>Example: Preferential Seating</i>	<i>Continued to have difficulty sustain attention during lessons.</i>

ACADEMIC FUNCTIONING AND PRESENT LEVELS

Check the boxes below that correspond with your main areas of academic concern.

I have no significant concerns

Reading:

- Letter/word recognition
- Fluency
- Comprehension
- Phonics
- Vocabulary

Mathematics:

- Computation
- Math fact fluency
- Applications
- Functional math (e.g., time, money, etc.)

Written Language:

- Handwriting
- Mechanics (e.g., grammar, punctuations, etc.)
- Spelling
- Expression
- Written fluency

Other:

- Understanding directions
- Following directions
- Expressing thoughts clearly (orally)
- Participating in class
- Homework incomplete, lost, inaccurate, or late
- Coming prepared to class

Provide examples of this child's performance in each area checked above.

ACQUISITION AND RETENTION INFORMATION

Check the box below that best describes this child's rate of *Acquisition* in your class.

- Exceptional Rate of Acquisition** – The child reliably shows mastery of new materials presented classroom prior to the instruction (based on pretests, observations, etc.).
- Above Average Rate of Acquisition** – The child learns or acquires new skills or materials immediately after the presentation.
- Average Rate of Acquisition** – The child requires additional practice of a skill after the initial presentation, but he or she learns consistent with classmates.
- Below Average Rate of Acquisition** – The child displays some difficult learning new or novel materials and he or she needs extensive practice and/or repetition and he or she learns slower than peers do.
- Impaired Rate of Acquisition** – The child requires significant and extensive assistance to acquire new skills.

Check the box below that best describes this child's rate of *Retention* in your class.

- Exceptional Rate of Retention** – The child consistently retains at or above 95% of the materials taught even after a time of not using the skills. He or she further demonstrates retention through consistent and generalized use of skills in the classroom as well as during daily activities.
- Above Average Rate of Retention** – The child retains between 85% and 95% of the materials taught in the class after a time period has elapsed.
- Average Rate of Retention** – The child retains most information, but he or she requires review and reteaching of materials on occasion.
- Below Average Rate of Retention** – The child struggles to retain information but he or she will recall information after continued review or reminders.
- Impaired Rate of Retention** – The child has great difficulty retaining information and information must be continually taught as if it was the first presentation.

SOCIAL/EMOTIONAL/BEHAVIORAL FUNCTIONING

Check the boxes below that correspond with your main areas of concern.

- | | |
|--|--|
| <input type="checkbox"/> I have no significant concerns | |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Refuses to comply with directives | <input type="checkbox"/> Cries often |
| <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Out of seat | <input type="checkbox"/> Apathetic |
| <input type="checkbox"/> Calls out | <input type="checkbox"/> Unmotivated |
| <input type="checkbox"/> Disorganized | <input type="checkbox"/> Has trouble working independently |
| <input type="checkbox"/> Off task | <input type="checkbox"/> Aggressive/ Explosive |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Motor/vocal tics |
| <input type="checkbox"/> Has trouble concentrating | <input type="checkbox"/> Other _____ |

