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## Teacher Questionnaire Form for Pre-School Aged Children

Child's Name:	Date:
Completed by:	Position:

What are your main concerns and questions about this child?

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Please describe any behavioral problems.

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What are your observations of this child's social interactions and peer relationships?

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Describe any concerns with this child's communication and language skills.

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Please describe any other developmental concerns.

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How would you describe this child's pre-academic readiness?

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What are this child's strengths?

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What interventions have been used with this child?

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