

**Follow-up Evaluation Questionnaire
Parent Form
(Grades 6-12)**

Parent Name: _____

Student Name: _____

School: _____

Grade: _____

Address: _____

Phone number: _____

Date Completed: _____

Date of Last Evaluation: _____

Diagnosis: _____

1. Please tell us how we can help you with your current follow-up needs?

2. What steps have you taken since your child's last evaluation? Which recommendations have you been able to implement? _____

3. In what areas has your child shown improvement?

4. What areas continue to challenge your child? Please explain. _____

5. Does your child currently receive any special accommodations or support services?

If so, what type and how often? (IEP, 504?)

6. Does your child show an awareness of his/her own learning needs? Has this changed since his/her last evaluation? Please explain.

7. How does your child currently feel about school and homework? What is your child's attitude towards his/her own learning style?

8. Please note any changes in your family history or your child's medical history. Is your child currently on any medication? Please list type and for what purpose.

9. What are your child's current strengths/interests/hobbies?

I. Effort and Motivation

Below are some ideas about children's effort, persistence and motivation.

Please rate your child's current performance.

	Never	Rarely	Sometimes	Usually	Always
Works hard in general.					
Feels that doing well in school is important					
Spends as much time as needed on work					
Goes over information again and again until he/she understands					
Does school work before more enjoyable things					
Persists even when the work is difficult					
Persists even when the work seems tedious					
Puts in more effort when parent support is available					
Puts in more effort when teacher support is available					

Please rate your child's current effort in the following areas:

My child works hard.....

	Never	Rarely	Sometimes	Usually	Always
In reading					
In writing					
In math					
In history					
In science					
In foreign language					
On homework					
On tests					
On long-term projects					
At other activities (sports, music etc.)					

II. Social Skills

Please rate how often your child demonstrates the following behaviors:

	Never	Rarely	Sometimes	Usually	Always
Has friends					
Accepted by peers					
Respectful to adults					
Communicates well					
Participates in class					
Accepts responsibility					
Follows rules					
Is confident					
Works independently					
Aware of own behavior					
Responds to consequences					

III. Attention

Please rate how often your child exhibits the behaviors listed below.

(Note: If you are also completing the ADDES-3 Form, you may skip this section.)

	Never	Rarely	Sometimes	Usually	Always
Difficulty paying attention					
Distracted easily					
Forgets directions					
Attentive to some tasks but not others					
Over focuses on details					
Daydreams in class					
Makes careless mistakes					
Difficulty sitting still					
Erratic concentration					
Needs action/excitement					
Appears bored					
Fidgets a lot					
Doodles					
Talks out of turn					
Acts without thinking					
Blurts out answers					
Makes same mistakes repeatedly					
Difficulty finishing tasks					
Difficulty with multi-step tasks					
Difficulty getting started					
Loses belongings					
Leaves seat at inappropriate times					
Procrastinates					
Overlooks important details					
Difficulty with transitions					
Yawns/stretches					
Appears anxious					
Appears tired					
Complains of illness					

IV. Academics

Please judge how well your child does in the following areas:

	Below Average	Average	Above Average
Overall reading ability			
Reading comprehension			
Decoding and word attack skills			
Remembering information from text			
Sequencing events			
Summarizing information from text			
Drawing inferences from text			
Math problem-solving			
Math computation			
Automatic memory for math facts			
Overall writing ability			
Ability to generate ideas			
Written organization			
Sentence and paragraph structure			
Editing and self-checking			
Spelling			
Vocabulary			
Grammar			
Handwriting			
Ability to articulate ideas orally			
Note-taking			
Test-taking			
Long-term projects			
Research projects			
Using strategies in work			
Time management			
Keeping notebook organized			
Turning in assignments on time			
Having the correct materials			
Study habits			

IV. Academics (continued)

What do you consider to be an average grade? A B C D F

If you had to assign a grade for your child's overall academic performance, what would this be?

A B C D F

How would you rate child's ability to use strategies in his/her work?

Poor Below average Average Above average Strong

How would you rate your child's overall organization?

Poor Below average Average Above average Strong

How would you rate your child's overall academic performance?

Poor Below average Average Above average Strong

Thank you for completing this questionnaire. If you have questions, please call Kalyani Krishnan the Institute for Learning and Development at (781) 861-3711, extension 18.