

Teacher Questionnaire



Child's Name

School Name

Grade / Class

Teacher Name

Year / Month / Day

Date of Completion

Date of Birth

Child Development For each item below circle the number that best describes the child's behavior compared to your expectations for same age children. Please answer every item. If you are uncertain about any item, give your best estimate.

Below *Progressing to* *Meeting* *Exceeding*
Expectations *Expectations* *Expectations* *Expectations*

1. Follows rules and routines
2. Stays focused on a task
3. Works / plays well independently
4. Uses materials appropriately
5. Follows directions
6. Works and plays cooperatively
7. Demonstrates self-control in structured situations
8. Demonstrates self-control in unstructured situations
9. Transitions appropriately between activities
10. Accepts responsibility for own actions
11. Forms questions that seek information
12. Participates in conversations
13. Organizes belongings and materials
14. Uses time constructively
15. Able to be soothed when upset
16. Completes work and projects in a timely manner

Part 2: Classroom Activities Please circle a number to indicate how often *within the last two weeks* the child selected the following activities in the classroom.

Almost *Once in* *Moderately* *Most of* *Almost* *Not*
Never *a While* *Often* *the Time* *Always* *Applicable*

1. Blocks	6. Water play
2. Literacy	7. Sand play
3. Dramatic Play	8. Other
4. Science	(Please specify: _____)
5. Art	

9. With whom does the child prefer to play?
- | | | | |
|-------|----------------------|----------------------------------|-------------|
| Alone | With one other child | With a variety of other children | With adults |
|-------|----------------------|----------------------------------|-------------|
10. Please indicate which of the following the child is able to do independently (select all that apply):
- | | | | |
|--------------------|---------------|------------------------------|---|
| Use the toilet | Put toys away | Bathe/shower | Say "please" and "thank you" |
| Get dressed | Wash hands | Count to 20 | Name all letters of the alphabet |
| Zip or button coat | Put on shoes | Use silverware appropriately | Identify parts of a book (cover, title, where story starts, etc.) |

Part 3: Self-Expression Please circle a number to indicate how well the child expresses him or herself through the following means.

Not Well *Fairly* *Well* *Very* *Extremely*
at all *Well* *Well* *Well* *Well*

1. Language	3. Movement
2. Art	4. Other
	(Please specify: _____)

5. Is the GDO-R being administered to this child due to concern(s)? Yes No Don't Know
6. If yes, please indicate the nature of the concern (check all that apply).
- | | | | |
|------------------|-------------------|---------------|------------|
| Parent-initiated | Teacher-initiated | Developmental | Behavioral |
| Academic | Other: | | |
7. Please use this space to provide any additional information that is pertinent to understand this child. _____
- _____
- _____