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| Description: Selpalogocolor2 | **Ventura County SELPA**  **Teacher of Students with Orthopedic Impairments**  **Teacher Questionnaire** |

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To assist me in giving input to the IEP team, please describe student’s performance in the following areas. Describe strengths as well as concerns.

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| * **Fine Motor: (**Note any tools and accommodations currently in place) |
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| * **Gross Motor/Mobility:** (note any physical needs for transfers, standing, gait, etc.) |
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| * **Self-Help:** (note any areas student needs assistance) |
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| * **Sensory Issues:** (note any sensory sensitivities or sensory-seeking preferences) |
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| * **Social Access to Peers:** (strengths and limits) |
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| * **Environmental Access:** (Navigating all locations on the school campus) * **Safety Concerns:** * **Academic/Curricular Access:** * **Vocational/Community Access:**   Any other pertinent information:  Questions you have for me:  Please return to me no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |