

*Please give this to your child's teacher or daycare provider.  
Have them complete it and return it to us at [preschool@cobbk12.org](mailto:preschool@cobbk12.org), as soon as possible.  
Por favor entregue este cuestionario a la maestra para que lo envíen de vuelta a nosotros a  
[preschool@cobbk12.org](mailto:preschool@cobbk12.org)*



**Cobb County School District  
Special Needs Preschool  
514 Glover Street  
Marietta, GA 30060**

**Request for General Education Teacher Input**

Date form complete: \_\_\_ / \_\_\_ / \_\_\_\_\_

*Your assistance is requested in gathering information regarding \_\_\_\_\_. As his/her teacher, you have valuable knowledge of this child's ability to function within a preschool setting. Please respond to the following questions as completely as possible, especially in areas of most concern. If you have any questions about how to complete this form, contact our office at (770) 426-3331.*

Note: Please provide copies of the latest progress report or applicable data when you return this form.  
Thank you!

\*\*\*Please complete and return only one questionnaire. If there is more than one teacher/caregiver who also wishes to provide input, please complete together. \*\*\*

**Teacher/Caregiver completing form:** \_\_\_\_\_  
**Preschool/Daycare:** \_\_\_\_\_  
**Facility Address:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**What age children are in your class?** \_\_\_\_\_  
**Number of children in your class:** \_\_\_\_\_  
**Days per week this child attends your class** \_\_\_\_\_  
**Hours this child is present per day** \_\_\_\_\_  
**Approximately how long have you worked with this child?** \_\_\_\_\_

1. Briefly describe the classroom set-up: (such as number of students, number of teachers, degree of structure, learning emphasis) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What does this child like to do in your class? (Favorite toys, activities, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When is he/she most successful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Most frustrated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are your primary concerns about this child's developmental abilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are there any behaviors which interfere with this child's learning? Please explain how these behaviors impact his/her classroom functioning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do the child's difficulties interfere with his/her ability to communicate/understand within your classroom?  
 Yes  No

6. Is the child able to follow the daily routine similarly to his/her peers? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. Is the child successful in participating in and completing tasks, such as art activities? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does the child seem to learn preschool concepts (colors, numbers, etc.) as well as peers? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does the child require significantly more attention/time/assistance from an adult in order to successfully participate in your classroom than would be considered typical? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please check all that apply to the child during group activities:

Stays seated without adult assistance.

Attends to group activities.

Requires verbal prompt to stay seated.

Tends to leave group.

Requires physical guidance/adult attention to stay seated.

Participates in group activities such as songs, finger plays, stories...

Does not attend to teacher during group activities.

Explain further about group activities if needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Does the child engage in play with peers? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does the child interact socially with peers to expected levels? Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Does the child engage in age-appropriate self-help activities (eating, dressing, toileting...)? Please explain any concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the child have any fine motor difficulties (i.e., copying lines/shapes, manipulating small objects...)? Please explain any concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does the child have any difficulty physically navigating your classroom or the playground equipment independently? If so, please explain \_\_\_\_\_

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15. Does the child have any significant sensory concerns (e.g., cover ears with loud noises, avoid messy activities, walk on toes, flapping hands) Please explain? \_\_\_\_\_

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16. What things have you tried to address this child's developmental weaknesses? \_\_\_\_\_

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17. What three skills do you feel would be most important for this child to realistically achieve within the next school year? \_\_\_\_\_

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*Your provision of this information is greatly appreciated. Please return this form, as well as progress reports, as soon as possible by U.S. mail or e-mail to:*

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Special Needs Preschool  
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