

# BOYS TOWN NATIONAL RESEARCH HOSPITAL

## COCHLEAR IMPLANT PROGRAM

### School Questionnaire

(To be completed by the teacher who spends the most time with this child)

Name of Respondent: \_\_\_\_\_

Respondent's Phone number: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_ D.O.B. \_\_\_\_\_

School District: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

What is this student's special educational verification? (If this student is multiply handicapped, please include all verifications)

\_\_\_\_\_  
\_\_\_\_\_

Please describe this student's educational placement, including communication modality, support provided within the classroom, and any consultations and/or pull out special services. If manually coded English is used, what system and what dictionary have been adopted?

\_\_\_\_\_  
\_\_\_\_\_

Please describe the school curriculum used with this student. Are these materials consistent with the students' grade placement? How well does the student function with these materials?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Teacher Rating of Student's Classroom Performance:**

(Please check one rating for each category)

	Top 25% of Class	Average Performance	Lower 25% of Class
Attention and Concentration			
Ability to Follow Directions			
Reading Skills			
Written Language Skills			
Spelling Ability			
Arithmetic Skills			
Ability to Express Self			
Attitude Toward Studies			
Group Participation			
Peer Relationships			
Emotional Stability			
Overall Evaluation of Progress			

Does the child wear their hearing aids or amplification system at all times in the classroom? If no, please explain \_\_\_\_\_

Do you think the student benefits from using amplification in the classroom? If no, please explain \_\_\_\_\_

Who is responsible for monitoring the function of the classroom amplification system? Is the individual comfortable with this responsibility? \_\_\_\_\_

Is there a resource person, such as an audiologist or hearing resource teacher, who can provide assistance with the maintenance and monitoring of the amplification system? \_\_\_\_\_

Is there any other important information we should know? \_\_\_\_\_

Please provide the names of the other specialist in your school program providing assistance to this student.

Name	Type of Assistance	Contact Info if different
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Thank you for your time in completing this questionnaire.**

Date: \_\_\_\_\_ Person Completing Questionnaire: \_\_\_\_\_