

Questionnaire of School Performance

Child's Name: (Last, First, Middle)	Case Number:	Date of Birth:
Agency: State Disability Review Unit 8th Floor OCP State of New York Department of Health Albany, NY 12237	Client ID Number:	Disability ID Number:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Worker Name:	
	Phone Number: 1-866-330-0591	Date:

Teacher's Name:
School Name:/District:

An application for benefits based on disability has been filed on behalf of the above named child. In determining eligibility, it is important to evaluate any physical or mental limitations on a child's ability to perform a full range of age appropriate daily living activities and to behave in an age appropriate manner.

Please complete the following based on school records and your observations of the child; leave blank any information that is not known to you.

Current school grade/education level:	Class Size:
If the current grade is not age appropriate, state the reason the child is placed in the current grade:	
Does the child exhibit poor frustration tolerance behaviors such as fighting, tantrums, crying episodes, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please cite examples:	
On average, what is the frequency of the episodes?	

Does the child exhibit inappropriate social interaction behavior such as withdrawal episodes, disruptive classroom activity, peer relationship problems, teacher-student discipline problems, etc.?

No Yes

If yes, please cite examples:

On average, what is the frequency of the episodes?

Does the child demonstrate problems in performing age appropriate self-care activities, avoidance of danger, etc.?

No Yes

If yes, please cite examples:

On average, what is the frequency of the episodes?

Does the child have problems in effective completion of tasks in a timely manner?

No Yes

If yes, please cite examples:

Please provide any other information/observation you have which will assist a determination regarding the adequacy of the child's school performance/behavior:

Teacher/Administrator's Signature:

Date:

Title:

Telephone Number: