



**Orangetown  
Pediatric Associates**  
Boston Children's Health Physicians

30 Ramland Road, Suite 200A Orangeburg, NY 10962  
845-359-0010 | 845-359-3414

Dear Teacher,

As part of the care of your student, we would like to know more about how he/she is functioning in school. Your expertise as an educator and as an observer of childhood behavior in your classroom is critical and much appreciated.

The following questions, along with the forms enclosed with this letter, help us to understand the types and frequency of different behaviors that you have observed in your classroom in order to give us a full picture of the child's behavior in different settings, and allow us to assess areas in which the student may be facing challenges. As a child spends the majority of his/her day in school, it is important that we get your input.

In addition to the enclosed questionnaires, we welcome any other comments or concerns you may have about the child's behavior or performance in school, on the next page in the space provided. Please submit the completed form through the [Submit a Form page](#) on our website . Should you have any additional questions or concerns, please call our office at 845-359-0010. We would be happy to answer any questions you may have. Thank you for your help.

Sincerely,

Orangetown Pediatric Associates  
Boston Children's Health Physicians



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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Current Grade: \_\_\_\_\_ Type of class: \_\_\_\_\_

*Please rate your student's competency in each of the following areas:*

	Above Grade Level	At Grade Level	Below Grade Level	Comments
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Please comment on your student's:*

Speech and language, including communication skills and comprehension:

Behavior:

Peer relationships:

*Observations*

What are this child's strengths?

What makes this child different from others in the classroom?

Does this child need special education services or other accommodations?

*Other comments:*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Regular Education Teacher ☐ Special Education Teacher ☐ Other: \_\_\_\_\_