



INCLUSIVE TUTORING – SPECIAL NEEDS TUTORING QUESTIONNAIRE

STUDENT INFORMATION

Student Name: _____

Date of Birth / Age: _____

Grade: _____

School / District: _____

Parent/Guardian Name: _____

Primary Contact Number: _____

Email: _____

1. DIAGNOSIS / ELIGIBILITY INFORMATION

- **Primary Diagnosis or Eligibility Category:**

- **Additional Diagnoses / Medical Considerations:**

- **Does the student have an IEP or 504 Plan?** ☐ Yes ☐ No *If yes, please attach a copy or list key details below:*

2. ACADEMIC INFORMATION

Current Academic Levels (as known):

- **Reading Level:** _____ **Math Level:** _____
Writing Skills: _____
- **Academic Strengths:**

- **Academic Areas Needing Support:**

- _____

3. FUNCTIONAL / BEHAVIORAL INFORMATION

Attention & Focus:

☐ Short attention span

☐ Needs redirection

☐ Works independently

Communication Style:

☐ Verbal

☐ Limited verbal

☐ Non-verbal

☐ AAC user

Behavioral Considerations:

☐ Difficulty with transitions

☐ Frustration

☐ Aggression

☐ Avoidance / Withdrawal

☐ Sensory overload

Comments:

4. IEP GOALS & RELATED SERVICES

● **Key IEP Goals (Academic/Behavioral):**

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- **Current Services:** ☐ Speech (SLP) ☐ OT ☐ PT ☐ ABA ☐ Counseling ☐ Social Skills

● **Other Services/Notes:**

5. ACCOMMODATIONS & SENSORY NEEDS

Supports Used: ☐ Visual schedule

☐ Task chunking

☐ Movement breaks

☐ Reinforcement

☐ Extended time

☐ Sensory tools (fidgets, etc.)

☐ AAC support

Sensory Challenges:

☐ Noise

☐ Touch

☐ Movement-seeking

☐ Visual sensitivity

Comments:

6. PARENT GOALS & SIGNATURE

- **Top goals for tutoring:**
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- **Parent Signature:** _____
Date: _____

7. OFFICE USE: INITIAL TUTOR OBSERVATION

(To be completed by the tutor after the first session)

Observation Date: _____

Rapport: ☐ High

☐ Average

☐ Low

Processing Speed: ☐ Fast

☐ Needs wait time

Learning Channel:

☐ Visual

☐ Auditory

☐ Tactile

Effective Reinforcers Used:

Executive Functioning:

☐ Multi-step direction issues

☐ Initiation challenges

[] Disorganized

Tutor Recommendations:
