

**TEACHER INTERVIEW
OTHER HEALTH DISABILITIES (OHD)**

Student Name: _____ Grade: _____ DOB: _____

Classroom Teacher: _____ Today's Date: _____

Interviewer: _____ Parent: _____

1. Has your student missed any school as a result of his/her health condition?

2. Does your student require any specialized health care procedures during the school day?

3. How do you feel that your student's health condition affects his/her academic performance?

4. How does the student's health condition affect or complicate his/her behavior in the classroom? Please give examples.

5. What are the student's strengths?

6. What are the student's weaknesses?

7. Please explain how the student performs in the following areas.

Following directions: _____

Completing tasks: _____

Organization: _____

Completing tasks in time frames: _____

Alertness: _____

Concentration: _____
