



Teacher Information Form

Student Name: _____ School: _____
Teacher Name: _____ Date: _____

Please complete this information form on the student listed above. Feel free to write additional comments and/or impressions regarding this student.

<u>Subject Areas:</u>	<u>Current Grade</u>	<u>Test Grade</u>	<u>% Assignments Handed In</u>	<u>Quality of Work</u>
_____	_____	_____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Improving <input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
_____	_____	_____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Improving <input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
_____	_____	_____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Improving <input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
_____	_____	_____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Improving <input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
_____	_____	_____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Improving <input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Strengths: _____

Academic Concerns (please check all that apply):

- Basic Reading Skills
- Memorization Skills
- Story Problems
- Other(s): _____
- Reading Fluency
- Spelling
- Following Assignment Directions
- Reading Comprehension
- Writing
- Vocabulary
- Math Calculation

Behavior Concerns (please check all that apply):

- Attention
- Anxiety
- Participation
- Suicide Ideation
- Work Completion
- Other(s): _____
- Attendance
- Hyperactivity
- Self-Harm
- Following Directions
- Tardiness
- Asking Questions
- Impulsiveness
- Bullying
- Following Rules
- Organization
- Aggression
- Depression
- Tiredness
- Study Skills
- Withdrawal

Social Concerns (please check all that apply):

- Social Skills
- Rigidness to Routines
- Unable to read Social Cues
- Other(s): _____
- Peer Relations
- Emotional Awareness
- Difficulty with Transition
- Social Interactions
- Physical Proximity
- Unable to read Facial Expressions
- Eye Contact
- Limited Interests

Motor Concerns (please check all that apply):

- Fine Motor
- Gross Motor
- Handwriting

Speech/ Language Concerns: Please complete Speech/ Language Referral Forms.

Additional Comments/ Information: Please use the back of this form