**Student Name: School: Grade:**

**Name of Person completing this form: Date:**

**Subject(s) taught: Language of Instruction:**

**What are some of the student’s strengths?**

**Check areas of concern/weakness:**

[ ] Basic Reading Skills [ ] Reading Fluency [ ] Reading Comprehension

[ ] Math Calculation [ ] Math Problem Solving [ ] Written Expression

[ ] Listening Comprehension [ ] Motivation [ ] Recent life Changes

[ ] Possible Cognitive Impairment [ ] Social Skills [ ] School Attendance

[ ] Possible Learning Disability [ ] Attitude/Interests [ ] Behavior

[ ] Trauma [ ] Vision & Hearing [ ] Attention

[ ] Language & Communication (Is this student LEP/ESL? [ ] Yes [ ]  No)

|  |  |
| --- | --- |
| **Skill** | **Estimated Functioning Grade Level** |
| **Basic reading skills** |  |
| **Reading fluency** |  |
| **Reading comprehension** |  |
| **Math Calculation** |  |
| **Math Reasoning** |  |
| **Written Expression** |  |
| **Oral Expression** |  |
| **Listening Comprehension** |  |

**Describe this student’s reading skills (e.g., decoding, comprehension, fluency):**

**Does the student know sight words?**

**Describe the student’s phonological awareness skills (e.g., rhyming, blending, segmenting, sound-symbol associations, letter recognition, sight vocabulary, word attack skills, etc.):**

**Describe the student’s math skills (e.g., calculation, numerical concepts, and word problems):**

**Can the student do basic subtraction/addition and multiplication/division, if so, how many digits:**

**Can the student read basic graphs and complete word problems?**

**Describe the student’s written expression skills (e.g., spelling skills, grammar, punctuation, usage, handwriting):**

**Describe the student’s oral expression and listening comprehension skills:**

**Describe other academic concerns/performance levels (e.g. science, social studies, etc.):**

**Accommodations/Modifications that have been tried in the classroom (academic and/or behavioral):**

Accommodation/modification used:

Frequency: [ ] daily [ ] weekly [ ] monthly [ ] other

Effectiveness: [ ] high [ ] medium [ ] low

Accommodation/modification used:

Frequency: [ ] daily [ ] weekly [ ] monthly [ ] other

Effectiveness: [ ] high [ ] medium [ ] low

Accommodation/modification used:

Frequency: [ ] daily [ ] weekly [ ] monthly [ ] other

Effectiveness: [ ] high [ ] medium [ ] low

**Please list all current modifications/adaptations that are in use:**

**For the following items, please indicate Yes or No for each question (mark with an X):**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Does the student participate to the same degree of their peers? |  |  |
| Does the student request help when needed? |  |  |
| Does the student willingly accept assistance? |  |  |
| Does the student refuse help? |  |  |
| Does the student use their accommodations appropriately (if applicable)? |  |  |
| Does the student display appropriate degree of independence? |  |  |
| Does the student keep desk organized and free of unnecessary materials? |  |  |
| Does the student require additional time to complete tasks/assignments? |  |  |
| Does the student listen well to instructions? |  |  |
| Does the student respond appropriately to corrective feedback? |  |  |
| Does the student seem to appreciate praise from the teacher? |  |  |
| Is the student teased by peers? |  |  |
| Does the student have friends in the classroom? |  |  |
| Does the student interact appropriately with peers? |  |  |
| Does the student interact with peers as often as other student do?  |  |  |

**Please use the lines below to explain any “No” response:**

**Please provide the time of your planning period and any other times you would be available/prefer to meet (before or after school):**

**Teacher Name: Date:**