**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:**