 **Leslie Public Schools**

 **4141 Hull Road ◼ Leslie, MI 49251**

**TEACHER INPUT FORM**

Student’s Name:      Teacher:

Grade:       Subjects taught:      Date Completed:

Case manager:

1. **Student Strengths and Weaknesses**

Please indicate weaknesses with **W**, strengths with an **S**, neither with **N**, and **NA** if not applicable.

Choose an item. Independent reading assignments Choose an item. Oral reading assignments

Choose an item. Following oral instructions Choose an item. Following written instructions

Choose an item. Grasping new skills Choose an item. Mastery of prerequisite skills

Choose an item. Completing homework assignments Choose an item. Test taking skills

Choose an item. Note taking skills Choose an item. Attendance

Choose an item. Behavior Choose an item. Organizational skills

Choose an item. Peer relations Other

Comments:

1. **Student Performance (Please check appropriate level for each)**
* Student is performing [ ]  at his/her potential

 [ ]  above potential

 [ ]  below potential

* Student is working [ ]  consistently in academic efforts

[ ]  inconsistently

* Student’s motivation is [ ]  average

[ ]  high

[ ]  low

* Student’s overall grade is
1. **What content area(s) are a particular problem for this student?**
2. **Homework by the student is completed:**

[ ]  almost always [ ] sporadically [ ] almost never

1. **What is the student’s learning style?**

[ ]  auditory [ ] visual [ ] multisensory [ ]  unsure

1. **Adaptations/Accommodations that have been tried in the classroom that are not part of the student’s current IEP (academic and/or behavioral):**

**\***Please add additional adaptations/accommodations if necessary.

1. Adaptation/accommodation used:

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

Effectiveness: [ ] high [ ] medium [ ] low

1. Adaptation/accommodation used:

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

Effectiveness: [ ] high [ ] medium [ ] low

1. Adaptation/accommodation used:

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

Effectiveness: [ ] high [ ] medium [ ] low

1. **How is the student socially – does he/she interact appropriately with others? Does he/she have friends? How does he/she work within a group? How do they work independently? (Please give any examples you feel appropriate if applicable)**

1. **Behavioral Characteristics Noted:**

**The Student…. YES NO N/A**

 Is overly active [ ]  [ ]  [ ]

 Displays general awkwardness [ ]  [ ]  [ ]

 Exhibits frequent reversals (reading or writing) [ ]  [ ]  [ ]

 Is underachieving in reading [ ]  [ ]  [ ]

 Is underachieving in mathematics [ ]  [ ]  [ ]

 Is underachieving in spelling [ ]  [ ]  [ ]

 Displays poor printing, writing, or drawing [ ]  [ ]  [ ]

 Shows confusion about instruction [ ]  [ ]  [ ]

 Demonstrates aggressive/explosive behavior [ ]  [ ]  [ ]

 Has difficulty initiating/sustaining relationships [ ]  [ ]  [ ]

 Displays short attention span [ ]  [ ]  [ ]

 Accepts adult authority [ ]  [ ]  [ ]

 Exhibits withdrawn behavior [ ]  [ ]  [ ]

 Exhibits low self-esteem [ ]  [ ]  [ ]

1. **Is there any other information you would like to provide for the IEP team?**