



(Please Print)

Student Name: \_\_\_\_\_

**Strengths/Needs:**

Please consider the child's performance compared to **typical** peers in the following areas and check the appropriate response.

	<u>STRENGTH</u>	<u>AVERAGE</u>	<u>NEEDS IMPROVEMENT</u>	<u>COMMENTS</u>
<b>Academics:</b>				
Word Identification				
Reading Comprehension				
Oral Reading				
Math Calculation				
Math Reasoning				
Spelling				
Written Language				
<b>Social/Emotional:</b>				
Peer Interaction				
Response to Stress				
Response to Unhappy Feelings				
Anger Response				
<b>Adaptive Behavior:</b>				
Self Care Skills				
Organizational Skills				
<b>Behavior/Discipline:</b>				
Classroom Behavior				
Hallway Behavior				
Bus Behavior				
Playground Behavior				
Impulsive Behavior Control				
<b>Motor:</b>				
Fine Motor Skills				
Gross Motor Skills				
<b>Speech/Language/Hearing:</b>				
Listening Comprehension				
Oral Expression				
<b>Other:</b>				
Study Skills				
Homework Completion				
Completion of Classroom Assignments				

**(Please Print)**

Student Name: \_\_\_\_\_

How does the student feel about school? \_\_\_\_\_

Date of most recent hearing screening \_\_\_\_\_ Pass / Fail

Date of most recent vision screening \_\_\_\_\_ Pass / Fail

Most recent assessment information \_\_\_\_\_

**Teacher Input:**

Yes  No This student continues to need special education and related services.

Yes  No This student continues to demonstrate skill levels consistent with his/her disability.

I have concerns about this student in these areas \_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date