

**THREE YEAR RE-EVALUATION
GENERAL EDUCATION TEACHER INFORMATION
Review of Data**

(Please Print)

Student Name: _____ D.O.B. _____ Grade: _____ School: _____

(Please Print)

Teacher Name: _____

Progress: Is the student making progress in your class? If so, what specific types of gains are you seeing? If not, what do you think may be hindering the student?

Please comment on this student's successes and/or difficulties when participating in general education classes. _____

This student has/had (during the last three years) **(DK=Don't Know)**:

Health/Medical Problems (take medications?) ___ DK ___ NO ___ YES Explain: _____

Significant Changes/Life Stressors ___ DK ___ NO ___ YES Explain: _____

Community Difficulties (Legal Problems, Probation Officer?) ___ DK ___ NO ___ YES Explain: _____

Community Involvement (jobs, 4-H, etc.) ___ DK ___ NO ___ YES Explain: _____

School Attendance Problems ___ DK ___ NO ___ YES Explain: _____

Counseling (Outside School) ___ DK ___ NO ___ YES Explain: _____

Classroom Behavior: Please consider this student's classroom behavior and mark (x) the most appropriate response to items listed below.

<u>Often</u>	<u>Some</u>	<u>Rarely</u>	<u>Never</u>	Comments:
___	___	___	___	1. Pays attention in class
___	___	___	___	2. Participates in class
___	___	___	___	3. Disrupts class
___	___	___	___	4. Completes work accurately
___	___	___	___	5. Easily frustrated
___	___	___	___	6. Follows oral directions
___	___	___	___	7. Wastes time
___	___	___	___	8. Is out of seat inappropriately
___	___	___	___	9. Comes prepared for class
___	___	___	___	10. Respectful to adults and peers
___	___	___	___	11. Academic performance fluctuates
___	___	___	___	12. Requires assistance to complete assignments
___	___	___	___	13. Assignments turned in

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

How does the student feel about school? _____

In your opinion, does the student continue to need special education services? ___ YES ___ NO

Signature of General Education Teacher

Date