## **RE-EVALUATION**

## **Student Interview**

(to be completed by the special education teacher with the student)

Student's Name:	DOB:	Grade:
Form Completed by:StudentInterviewer	Interviewer's Name	
What is your best subject in school?		
What is your least favorite subject in school?		
Are special education classes and services helpful to you	1?YESNO	
What help from your teacher works best for you?		
What are your future goals after high school?		
What do you like best about school?		
What do you like least about school?		
How are you getting along with other students in your cl	asses?	
Are you satisfied with the grades you are getting this year	ar?YESNO	
How often do you do your homework?Always	Most of the timeSome	e of the timeNever
If you only do your homework some of the time or never	r, why?	
How do you learn best? (Check as many as needed) Class DiscussionsLecturesReading AssignmentsWritten AssignmentsOther		Homework Individual Projects
What have you done to improve your grades?		
Would you like to be in general educationmore	lessremain at the same	e level as this school year?
Do you have a behavior/discipline problem?YES what is the problem?YES		ou do have a problem,
Why do you think you have the problem?		
What can be done to help you with this problem?  Do you need extra help in your general education classes	s which you do not ourrantly	racciva? VES NO
	•	receive:rbsno
If yes, what?  Do you need extra help in your special education classes		receive? VES NO
If yes, what?	•	icceive:iESivo
Is there anything else which you think the school can do		
Date of Review:S		
Signature of Teacher:		
This form could not be completed because the stud- low, the student is too young to be able to complete		s functioning level is too