CLASSROOM BASED ASSESSMENT / OBSERVATION

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IEP date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out the following information with as much detail as possible. This information is used to help determine if the student needs special education and/or to help write the IEP. Thank you for your input.

Please list any available standardized test results (ex: STAR, Dibels, MAP); include percentile rank:

\*

What skills/lessons/unit is the class currently working on?

\*

How is the student doing with this skill/lesson/unit?

\*

How has the student done in this class all school year?

\*

What are your observations of this student’s strengths in your classroom? Challenges/needs?

\*

Is the student keeping up on homework and turning in assignments? If not, please give an average of how much extra time student has needed to get assignments completed.

\*

Are there any modifications/accommodations that are made so that this student can be successful in your class?

\*

Does the student have difficulty with behavior and/or emotional regulation that impedes their own or others’ learning? If so, has the difficulty improved or worsened recently? Please explain (examples, setting in which it occurs, intensity, etc.)

\*

This student is being evaluated to potentially exit from special education. What are your thoughts on this student exiting special education?

\*

If the student exits special education, do you have any recommendations for regular education services or interventions that may be helpful for the student?

\*

Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE RETURN THIS FORM TO JACQUE SHERMAN (VIA Email attachment)