

Student: _____ Teacher: _____ Class: _____

From: _____ Date: _____ Please Return by: _____

TUHSD TEACHER FEEDBACK

This student is being reviewed for possible intervention. Please respond to each item, indicating your observations of this student and his/her school functioning. The information will be utilized in support planning for this student.

Your feedback may be shared directly with students and parents.

Classroom Behavior	Low	Avg	High		
Follows directions	1	2	3	4	5
Brings materials to class	1	2	3	4	5
Behavior and comments	1	2	3	4	5
Participates in class discussions	1	2	3	4	5
Stays on task during class	1	2	3	4	5
Peer/adult relationships	1	2	3	4	5
Overall effort and attitude	1	2	3	4	5

Academic Skills	Low	Avg	High		
Reading: decoding & oral	1	2	3	4	5
Reading: comprehension	1	2	3	4	5
Reading: fluency & speed	1	2	3	4	5
Writing: grammar & mechanics	1	2	3	4	5
Writing: content & quality	1	2	3	4	5
Math: operations & calculation	1	2	3	4	5
Math: reasoning & word problems	1	2	3	4	5

Cognitive/Processing/Memory Skills	Low	Avg	High		
Auditory processing/listening	1	2	3	4	5
Visual processing abilities	1	2	3	4	5
Abstract thinking & reasoning	1	2	3	4	5
Memory	1	2	3	4	5
Attention & concentration	1	2	3	4	5
Speaking/expression of ideas	1	2	3	4	5

Classroom Performance/Student Skills	Low	Avg	High		
Note-taking skills	1	2	3	4	5
Completes tests in allotted time	1	2	3	4	5
Test and Quiz grades	1	2	3	4	5
Long-term assignment completion	1	2	3	4	5
Overall quality of work	1	2	3	4	5
Homework completion	1	2	3	4	5

Have you observed this student to ...?		(Please check those which seem significant)	
<input type="checkbox"/>	have difficulty with relationships	<input type="checkbox"/>	be under the influence of drugs or alcohol
<input type="checkbox"/>	present as exhausted, fatigued, low energy	<input type="checkbox"/>	be sad, tearful, or have crying spells
<input type="checkbox"/>	seem easily angered or aggressive	<input type="checkbox"/>	have flat affect or fluctuating mood
<input type="checkbox"/>	be overly negative, pessimistic, or irritable	<input type="checkbox"/>	seem overly anxious, worried, or confused
<input type="checkbox"/>	engage in self-injurious behavior or scars	<input type="checkbox"/>	have many health or somatic complaints
<input type="checkbox"/>	make self-deprecating comments; self-esteem	<input type="checkbox"/>	make suicidal comments or writings
<input type="checkbox"/>	seem disheveled, unkempt, or poor hygiene	<input type="checkbox"/>	to have suffered weight loss or weight gain

Current Grade: _____

What do you think are his/her strengths?

What do you think are his/her challenges?

What interventions or strategies have you tried, for how long, and with what success?

Ideas/Suggestions as to what might help this student succeed:

