

ARD / IEP Meeting – Teacher Information Input

Student: _____ Grade: _____

Teacher: _____ Subject: _____

Special Education Teacher: _____

Please rate the student in the following areas:

Attendance:	Good	Fair	Problematic
Assignment Completion:	Good	Fair	Problematic
Assignment Grades:	Good	Fair	Problematic
Test / Quiz Grades:	Good	Fair	Problematic
Classroom Behavior:	Good	Fair	Problematic

Does the student access instructional support services in class? _____

Does the student attend tutorials? _____

Academic strengths:

Academic weaknesses:

Which of the following accommodations does the student use routinely, independently, and effectively during classroom instruction and testing?

<input type="checkbox"/> Oral Administration	<input type="checkbox"/> Spelling Assistance
<input type="checkbox"/> Individual - Small Group Test Admin.	<input type="checkbox"/> Simple / Complex Transcribing
<input type="checkbox"/> Extended Time Test (Same Day)	<input type="checkbox"/> Blank Graphic Organizer
<input type="checkbox"/> Extra Day Test	<input type="checkbox"/> Dictionary / Thesaurus
<input type="checkbox"/> Extra Time for Assignments	<input type="checkbox"/> Reminders to Stay on Task
<input type="checkbox"/> Calculation Device	<input type="checkbox"/> Behavior Contract
<input type="checkbox"/> Math Manipulative – Tool Box	<input type="checkbox"/> Behavior Intervention Plan
<input type="checkbox"/> Supplemental Aids	<input type="checkbox"/> Other:

Complete and return to the special education teacher prior to the ARD meeting.