

## Teacher Input Form

Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Subject: \_\_\_\_\_ Case Manager: \_\_\_\_\_

*Please complete the following items:*

1. How does the child participate during class instruction (stays on task, answers or responds in class, etc.)?

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2. How does he/she interact or get along with peers/teachers?

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3. What are some areas or activities that he/she needs to improve on in your class or did not successfully complete?

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4. What were some activities that he/she completed successfully in your class or at school?

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5. Did you provide any modifications or accommodations? If so, what?

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