

# Request for Teacher Information

## (General and Special Education Teachers)

Date Out: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Please have form returned by \_\_\_\_\_ before \_\_\_\_ pm ☺ to \_\_\_\_\_

We are evaluating \_\_\_\_\_ for Special Education services.

Part of the evaluation includes receiving teacher input. Please complete the following form ASAP

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Class \_\_\_\_\_ General Education \_\_\_\_\_ Special Education \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ years \_\_\_\_\_ months - Hours Per day \_\_\_\_\_

Student grades: **A B C D F**

Students attendance: **Poor Average Excellent**

Days Missed this year: \_\_\_\_\_ DAYS

Why do you think the student's attendance is poor?

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Completes work: **YES Sometimes NO** Number of Missing Assignments: \_\_\_\_\_

Academic skills are significantly below same age and grade peers? **YES NO IDK**

Behavior is: **NO CONCERNS (GREAT) ☺**

**AVERAGE**

**SLIGHT PROBLEM**

**MAJOR PROBLEM ☹**

Describe Behaviors:

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Student is good at (please list a few strengths both academic and socially)

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Thanks, ☺  
Mr. Larson