

**Request for Teacher Information Special Education Department**

Date Out: \_\_/\_\_/20\_\_ Date Returned: \_\_/\_\_/20\_\_

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

Teacher NAME: \_\_\_\_\_ Grade: \_\_\_\_\_ Class \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ years \_\_\_\_\_ months

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

Students attendance: **Poor Average Excellent** Days Missed this year: \_\_\_\_\_ DAYS

Why do you think students attendance is poor? \_\_\_\_\_

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 Below):

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Student needs assistance with: (what you notice student struggles with/ If nothing write nothing )

\_\_\_\_\_

\_\_\_\_\_

In class the student: (describe class behavior)

\_\_\_\_\_

\_\_\_\_\_

Accommodations provided to student in class are: (Please list)

\_\_\_\_\_

\_\_\_\_\_

Questions please call me 970-589-6475 or email me responses to these questions directly at [midwestevaluationservices@gmail.com](mailto:midwestevaluationservices@gmail.com).

Please return form to the elementary office and have secretary put in my mailbox.

Thanks ☺

Mr. Larson