

Teacher Observations/Information

Student Name: _____

Date: _____

Teacher: _____

Subject: _____

Does this student receive any special services? (IEP____, 504 plan____)

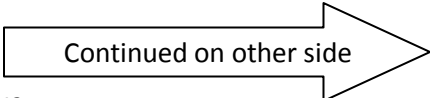
If yes, describe any **identified problems** as well as any **interventions** being used:

If no, are there any concerns **about possible learning disabilities**?

Comments/concerns about this student's **behavior** in the classroom or other school settings (compared to other children of the same age). If concerns exist, please describe the **degree of impairment/severity** observed.

Comments/concerns about this student's **academic functioning** (compared to other children of the same age). If concerns exist, please describe the **degree of impairment/severity** observed.

Comments/concerns about this student's **mood or emotional state** in the school setting (compared to other children of the same age). If concerns exist, please describe the **degree of impairment/severity** observed.

Continued on other side 

Describe **how long** each problem has been happening , any **patterns** that you observe, or any other **factors/stressors** that may be relevant.

What **strengths and good qualities** do you observe in this child?

Please describe any **interventions being used that involve the student's caretakers**. (For example, daily notes or rating systems that are tied to use of incentives in the home.)

If interventions with the student's caretakers have not yet been implemented, would it be appropriate for the **caretaker to contact you to discuss possible strategies?**

Are school **counselors/ other resources** involved? If not, are their other resources/supports that you think would be helpful to this child?

Other comments:

Thank you very much for your time and input.