**Teacher Input Form**

Student Name: Date:

Teacher Name: Class:

To the following questions, please answer yes Y, no N, sometimes S, not noted NN.

Does student

1. work independently?

2. participate in class?

3. avoid hazards?

4. follow directions?

5. answer questions?

6. organize materials?

7. complete homework assignments?

8. handle frustration well?

9. request/accept help when needed?

10. socialize with peers?

11. have good attendance?

12. squint or blink excessively?

13. hold book close to eyes?

14. cover one eye when reading?

15. lose place when reading?

16. skip lines/words unknowingly?

17. demonstrate good listening skills?

18. accurately copy notes from his/her seat?

19. demonstrate good study skills?

20. have support personnel available in the classroom?

21. How many assignments/quizzes/tests are incomplete? Please list as a fraction.  Example: 2/ 8 would indicate that under assignments, 2 of 8 assignments were incomplete.        A       Q       T

22.  Student’s grades:

Q1\_\_    current grade\_\_\_   (feel free to leave me a copy of the report card, instead)

23. Student’s motivation is   \_\_average,  \_\_high,  \_\_low

24. Student is performing  \_\_\_at  \_\_\_above \_\_\_below potential

25. What are the student’s strengths?  (ie. cooperative, attentive, diligent, behaves appropriately…)

26. What are the student’s specific needs to succeed in your class?

(ie. Attendance, behavior, 1:1 aide)

27.  What behaviors are impeding his/her ability to learn?  How often does the student’s behavior impede the ability of  peers to learn?

28. What adaptations/modifications have you made for your student? (ie. Enlarge worksheets, moved her close to the front of the classroom,  allow him/her to print rather than write in cursive, answer tests orally, etc..)

29. Do you notice the student having any difficulties moving through the hallways?

In your class?         In the cafeteria?           On steps?          Anywhere else in the building?

30. Are there settings or activities of concern in which the examiner should observe the student (computer, cafeteria, etc.)?

31. What advice would you give other  teachers regarding how to help this student be a successful learner?

32. Do you feel the student’s vision is adversely impacting his/her performance in the general

education curriculum?

**Please return to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**