



## Teacher Form

### EDUCATIONAL INFORMATION

Thank you for taking the time to complete this information. It is critical that we have your professional input. We appreciate your involvement.

Student's name

Today's Date

Teacher's name

Subject

Please tell us your impression of the following characteristics of this student:

Is a poor listener:

Yes  No  Don't Know

Can concentrate for only a short time

Yes  No  Don't Know

Frequently seems to be looking around or staring off into space

Yes  No  Don't Know

Forgetful in daily activities

Yes  No  Don't Know

Excellent imagination

Yes  No  Don't Know

Loses materials (books, pencils, etc.)

Yes  No  Don't Know

Daydreams often: seems to be in own world

Yes  No  Don't Know

Impulsive, rushes through tasks

Yes  No  Don't Know

Has trouble concentrating in group work

Yes  No  Don't Know

Receives inconsistent grades or test scores

Yes  No  Don't Know

Annoys or bothers others

Yes  No  Don't Know

Seems to have too much energy

Yes  No  Don't Know

Body in motion most of the time

Yes  No  Don't Know

Fidgety-keeps moving hands or tapping feet

Yes  No  Don't Know

Behavior is variable and hard to predict

Yes  No  Don't Know

Gets into trouble without really meaning to

Yes  No  Don't Know

Is a troublemaker; stirs things up

Yes  No  Don't Know

Class clown

Yes  No  Don't Know

Is moody

Yes  No  Don't Know

Is a worrier

Yes  No  Don't Know

Often cheerful, pleasant, well meaning

Yes  No  Don't Know

Is often sad

Yes  No  Don't Know

Is often very quiet

Yes  No  Don't Know

Is often tired

Yes  No  Don't Know

Speaks unclearly, stutters, stammers

Yes  No  Don't Know

Complains of not feeling well

Yes  No  Don't Know

Asks to leave the room frequently

Yes  No  Don't Know

Well liked by peers

Yes  No  Don't Know

Disorganized, unprepared, can't find time

Yes  No  Don't Know

Not chosen for teams or groups

Yes  No  Don't Know

Seems disconnected, confused

Yes  No  Don't Know

# ACADEMIC SKILLS ASSESSMENT

Please give us your impressions of this student's skills in the following areas:

## Reading

### Vocabulary

Exceptional  Above Average  Average  Below Average  Significantly Below

### Comprehension

Exceptional  Above Average  Average  Below Average  Significantly Below

### Phonetics/Decoding

Exceptional  Above Average  Average  Below Average  Significantly Below

### Fluency

Exceptional  Above Average  Average  Below Average  Significantly Below

### Oral

Exceptional  Above Average  Average  Below Average  Significantly Below

## Math

### Calculation

Exceptional  Above Average  Average  Below Average  Significantly Below

### Math Facts

Exceptional  Above Average  Average  Below Average  Significantly Below

### Story or word problems

Exceptional  Above Average  Average  Below Average  Significantly Below

### Fluency

Exceptional  Above Average  Average  Below Average  Significantly Below

## Written Language

### Spelling

Exceptional  Above Average  Average  Below Average  Significantly Below

### Sentence structure/grammar

Exceptional  Above Average  Average  Below Average  Significantly Below

### Creative writing

Exceptional  Above Average  Average  Below Average  Significantly Below

### Handwriting

Exceptional  Above Average  Average  Below Average  Significantly Below

### Organization

Exceptional  Above Average  Average  Below Average  Significantly Below

## Other academic areas

### Science

Exceptional  Above Average  Average  Below Average  Significantly Below

### Foreign Language

Exceptional  Above Average  Average  Below Average  Significantly Below

**Social Studies**

Exceptional  Above Average  Average  Below Average  Significantly Below

**Art**

Exceptional  Above Average  Average  Below Average  Significantly Below

**Physical Education**

Exceptional  Above Average  Average  Below Average  Significantly Below

Does this student receive any of the following services: (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 504 plan                        | <input type="checkbox"/> IEP                               | <input type="checkbox"/> Counseling                   |
| <input type="checkbox"/> Specialized Reading Instruction | <input type="checkbox"/> Speech/Language Services Recovery | <input type="checkbox"/> Specialized Math Instruction |
| <input type="checkbox"/> Learning Resource Classroom     | <input type="checkbox"/> Occupational Therapy              | <input type="checkbox"/> Physical Therapy             |
|  | <input type="checkbox"/> Self-Contained Classroom          | <input type="checkbox"/> Other                        |

What do you note as this student's strengths? Please list.

1.
2.
3.

Please share any other information you feel is important for us to know about this student:

Please e-mail (info@thenichollsgroup.com) with any important documents you believe we should review for the student you are grading (handwriting samples, class work, test scores, etc.,) Thank you!