



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

Not chosen for teams or groups

Yes No Don't Know

Well liked by peers

Yes No Don't Know

Seems disconnected, confused

Yes No Don't Know

Disorganized, unprepared, can't find time

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 |
| | <input type="text"/> | <input type="text"/> |

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!