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| Name:  | DOB:  |
| Grade:  | Teacher:  |
| Subject: | Class Period: |
| Return By: | From: |

There is a School-Based/IEP Team Meeting for the above-named student and your input and observations are important and necessary. Please take a few moments to complete this form and return it to be by the date specified above. Please be prepared to share any work samples that you have or attach them.

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| 1. Describe the student’s strengths (observations, teacher-made or standardized assessments, and/or student work samples).
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| 1. Describe the student’s involvement and progress in the general education curriculum.
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| 1. List any accommodations/modifications made to address the student’s needs (books on tape, extended time, access to technology, oral tests, etc.).
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| 1. Describe behavior in the classroom and list any specific examples that interfere with academic performance.
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