

IEP Teacher Input Form

Student: _____

Teacher: _____

Date: _____

Strengths: _____

Concerns: _____

Functional Performance (e.g., social skills, friendships, attention, homework habits):

Current Grades/Comments:

Literacy (writing): _____

Literacy (reading): _____

Math: _____

Most Recent Benchmark Scores

NWEA Reading: (Year)_____ Fall/Spring Score-_____ %tile Rank-_____

NWEA Math: (Year)_____ Fall/Spring Score-_____ %tile Rank-_____

Brigance: _____

Letter ID uppercase: _____

Letter ID lowercase: _____

Sounds: _____

Sight Words: _____

Guided Reading Level (F & P): _____ Instructional/Independent

Accuracy-_____ Fluency-_____ Comprehension-_____

Writing Sample:

Type of writing (e.g., narrative, informational, opinion) _____

Strengths (e.g., details, mechanics, grammar, organization) _____

Weaknesses (e.g., details, mechanics, grammar, organization) _____

Math:

Rote Counting-_____

1-to-1-_____

Number ID-_____