Individualized Education Program (IEP)

Teacher Input Form

Dear _____,

Thank you for your dedication to supporting all students. Your input is essential to the planning of _______ education program. Please complete the questions below so that we can collaboratively develop the IEP. Please return this form to me by _____.

I appreciate your help!

Respectfully,

Instructional Rating 1 = Below Average 2 = Average 3 = Above Average N = Not Applicable											
	1	2	3	N		1	2	3	Ν		
Reading					Following oral directions						
Math skills					Following written directions						
Written expression					Organizational skills						
Spelling					Time management skills						
Class work					Interaction with staff						
Homework					Test Performance						

Behavioral Rating 1 = Rarely 2 = Sometimes 3 = Often 4 = Almost Always											
	1	2	3	4		1	2	3	4		
Takes turns, waits					Fidgets, appears restless						
Remains seated					Adapts to new situations without getting upset						
Completes time on task					Has a happy, even disposition						
Stays on task, easily redirected					Brings materials to class						
Makes and keeps friends					Accepts responsibility for actions						
Works cooperatively w/others					Other:						

What are the student's strengths in class?

What are the student's challenges in class?

What is working in the setting in which you see the student?

What, if any, accommodations are you using in class to support the student?

Are the accommodations successful?

What additional support do you need to assist the student?