

Student Name:	Meeting Date:
Case Manager:	Time:
	Location:

Assessment Summary:

Annual Meeting
 Reevaluation Meeting
 Initial Evaluation Meeting
Current areas of disability and/or areas of concern:

Based on the child's current disability or area(s) of concern, please complete the following information and return it to the case manager.

Teacher:	Class Taught:	Current grade/ percentage :
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1. How does the student perform in the area of disability or concern(s) within your classroom?
(Noted above)

Strengths:

Areas of need:

2. Is the student effective with staying on task within your classroom? Explain. If Yes, accommodations/modifications or practices are being done within the classroom to aid the student. If No, state accommodations/modifications or practices that may be helpful in aiding the student.

3. State behaviors displayed by the student within your classroom.

4. What are your recommendations for future instruction?

5. Additional comments.