



Teacher Checklist

Child's name: _____ **Age:** _____ **Gender:** _____

School: _____ **Grade:** _____ **Date:** _____

Name of person completing this form: _____

Position: _____

Length of time you have known student: _____

Length of time each day with student: _____

Type of Class: (e.g., regular 2nd grade, resource room, 5th grade English) _____

Current Special Education Services: (e.g., resource room, speech therapy) _____

Current Special Education Label: (e.g., learning disability): _____

Current Academic Performance: Check Appropriate Grade Level (GL)

Subject	2 or more years below GL	1-2 years below GL	At or about GL	1-2 years above GL	2 or more years above GL
Reading					
Writing					
Spelling					
Arithmetic					