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| --- | --- |
| **student’s name** |  |

**Teacher Survey for IEPs**

**What are the student’s strengths? (check all that apply)**

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| --- | --- |
| * has good manners * makes new friends easily * encourages others * admits mistakes * does homework * does not give up easily * adjusts well to changes in routine | * has a sense of humor * has good ideas * feels good about self * listens attentively * follows instructions * asks for help * is a good sport |

**What areas do you feel the student needs to improve? (check all that apply)**

|  |  |
| --- | --- |
| * argues with adults * complains about work * is overly active * acts without thinking * does not listen well * tries to hurt others * is easily distracted | * stays mad for long periods of time * has difficulty maintaining self-control * has trouble making friends * has low self esteem * whines * always has to be right * has trouble moving from one task to another |

**How does the student participate in class activities?**

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**How does the student get along with peers?**

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**What accommodations or modifications would you suggest for next year?**

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**Is there any other important information you’d like to share about the student?**

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