

Regular Classroom Teacher

The IEP Committee will meet on _____(Date) at _____(Time) to discuss
_____(Child's Name).

Your attendance is vital to the success and productiveness of this meeting.

Arrangements will be made so you can attend the meeting and provide input from a teacher's perspective.

If you are unable to attend, please complete the form below and return prior to the meeting so that the committee can consider the information provided.

Please rank according to usual behaviors:

	Below Average	Average	Above Average	Excellent
1. Daily grades	_____	_____	_____	_____
2. Test scores	_____	_____	_____	_____
3. Study habits	_____	_____	_____	_____
4. Behavior	_____	_____	_____	_____
5. Logic and reasoning ability	_____	_____	_____	_____
6. Creativity	_____	_____	_____	_____
7. Leadership	_____	_____	_____	_____
8. Works to ability level	_____	_____	_____	_____
9. What subject(s) do you teach the child? _____				
10. Briefly discuss any strengths, interests, talents, etc.				
11. Briefly discuss any weaknesses, needs, concerns, etc.				
12. Additional Comments:				

Teacher's Signature

Date