

**Teacher/Counselor Information Form**

Demographic information

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | School |  |
| Student |  | Grade |  |
| ID # |  | Date of birth |  |
| Teacher/counselor |  | Parent/guardian |  |
| Address |  | Phone/cell |  |

Considerations

|  |  |  |
| --- | --- | --- |
| Area | Number | Detailed explanation |
| Absences |  |  |
| Tardies |  |  |
| Discipline infractions |  |  |
| Previous retention |  |  |

School services and supports

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Grade level services/supports received |
| Behavior support |  |  |  |
| PBIP (attach forms) |  |  |  |
| CARES mentoring |  |  |  |
| Remediation |  |  |  |
| Social work |  |  |  |
| ESL |  |  |  |
| Speech/language |  |  |  |
| Title 1 |  |  |  |
| GEI (attach forms) |  |  |  |
| Other: |  |  |  |

Health information

|  |  |
| --- | --- |
| Visual acuity |  |
| Hearing screening |  |
| Health concerns |  |
| Medications |  |

Assessment data

|  |  |  |  |
| --- | --- | --- | --- |
| Instructional reading level at beginning of school year | | |  |
| Current instructional reading level | | |  |
| Acuity | | |  |
| M-Class | | |  |
| Other academic measures: | | | |
| Year | Grade | Performance standard | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |

Schools and social skills

What are the student’s strengths, talents and interests?

What are the areas of challenge for this student?

Describe the student’s functioning in class relevant to grade level standards and expectations:

Describe the student’s relationship with peers:

Describe the student’s relationship with school personnel:

Describe any other pertinent information: