

TEACHER DATA COLLECTION

Student: _____ **School:** _____

DOB: _____ **Grade Level:** _____ **Room Number:** _____

Please complete and return this form by: _____ *To:* _____

| Subject | Current Academic Performance Levels/Grades | Student Strengths | Student Areas for Improvement |
|---------|--|-------------------|-------------------------------|
| | | | |

Please place a check before each *behavior or action* listed below that you have *observed*. Remember, only behaviors or actions you have *observed* should be noted.

Classroom Performance

- | | |
|--|--|
| <input type="checkbox"/> Failure in one or more subject areas | <input type="checkbox"/> Short attention span, easily distracted |
| <input type="checkbox"/> Drop in grades, lower achievement | <input type="checkbox"/> Poor short-term memory, |
| <input type="checkbox"/> Needs directions given individually | <input type="checkbox"/> Does not ask for help when needed |
| <input type="checkbox"/> Finds it hard to study | <input type="checkbox"/> Prefers to work alone |
| <input type="checkbox"/> Gives up easily | <input type="checkbox"/> Does not complete homework |
| <input type="checkbox"/> Lacks desire to do well in school | <input type="checkbox"/> Does not complete in-class assignments |
| <input type="checkbox"/> Has demonstrated ability, but does not apply self | <input type="checkbox"/> Homework is disorganized or incomplete |

Other _____

Social Skills

- | | |
|---|--|
| <input type="checkbox"/> Tends to stay to self, withdrawn | <input type="checkbox"/> Disrespects or defies authority |
| <input type="checkbox"/> Lack of peer relationships | <input type="checkbox"/> Regularly seeks to be center of attention |
| <input type="checkbox"/> Appears lonely | <input type="checkbox"/> Frequent ridicule from classmates |

TEACHER DATA COLLECTION (continued)

Student: _____ **School:** _____

DOB: _____ **Grade Level:** _____ **Room Number:** _____

Social Skills

- | | |
|--|---|
| <input type="checkbox"/> Slow in making friends | <input type="checkbox"/> Appears unhappy/sad |
| <input type="checkbox"/> Disturbs other students | <input type="checkbox"/> Lacks control in unstructured situations |
| <input type="checkbox"/> Negative leader | <input type="checkbox"/> Change in friends |
| <input type="checkbox"/> Unyielding or stubborn on positions | <input type="checkbox"/> Sexual behavior in public |
| <input type="checkbox"/> Argues with teacher | <input type="checkbox"/> Difficulty in relating to others |
| <input type="checkbox"/> Hits and/or pushes other students | <input type="checkbox"/> Talks freely about drugs/alcohol |
| <input type="checkbox"/> Threatens other students | <input type="checkbox"/> Teases other students |
| <input type="checkbox"/> Angered by constructive criticism | <input type="checkbox"/> Demonstrates lack of self-confidence |

Other social *behavior* of concern: _____

Disruptive Behavior

- | | |
|---|--|
| <input type="checkbox"/> Defiance, violation of rules | <input type="checkbox"/> Obscene language, gestures |
| <input type="checkbox"/> Blaming, denying, not accepting responsibility | <input type="checkbox"/> Noisy, boisterous at inappropriate times |
| <input type="checkbox"/> Crying for no apparent reason | <input type="checkbox"/> Fighting |
| <input type="checkbox"/> Highly active, agitated | <input type="checkbox"/> Cheating |
| <input type="checkbox"/> Erratic behavior | <input type="checkbox"/> Sudden outbursts of anger, verbally abusive to others |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> General changes in behavior patterns |
| <input type="checkbox"/> Lack of impulse control | |

Other disruptive behaviors of concern: _____

Physical Symptoms *(If you check any of the items below please refer student to the school nurse for further assessment)*

- | | |
|---|--|
| <input type="checkbox"/> Underweight | <input type="checkbox"/> Frequent physical injuries |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Deteriorating hygiene |
| <input type="checkbox"/> Smells of tobacco, alcohol marijuana | <input type="checkbox"/> Dramatic change in style of clothes |
| <input type="checkbox"/> Sleeping in class | <input type="checkbox"/> Glassy, bloodshot eyes |
| <input type="checkbox"/> Appears tense, on edge | <input type="checkbox"/> Frequent requests to see nurse |
| <input type="checkbox"/> Slurred or impaired speech | <input type="checkbox"/> Unsteady on feet |
| <input type="checkbox"/> Appears sleepy, lethargic | <input type="checkbox"/> Problems with muscle or hand-eye coordination |
| <input type="checkbox"/> Impaired vision | <input type="checkbox"/> Impaired hearing |

Other physical symptoms of concern: _____

TEACHER DATA COLLECTION (continued)

Student: _____ **School:** _____

DOB: _____ **Grade Level:** _____ **Room Number:** _____

Positive Qualities

List one or more skills or other positive characteristics and strengths, both personal (e.g., talents, traits, interests, hobbies) and environmental supports (e.g., friends, family members, faith community) that you have observed or that apply for this student:

Skills _____

Positive Characteristics and Strengths _____

Environmental Supports _____

Teacher's Name: _____

Date: _____