

IEP TEACHER REPORT

Student:

Today's date:

Date of IEP Team Meeting:

Time of IEP Team Meeting:

Please return completed form 1 Day prior to the IEP Team Meeting to

TEACHER:

CLASS/SUBJECT:

Please check the appropriate columns and add any comments or concerns you feel necessary.

	Exceeds Expectations	Meets Expectations	Sometimes Meets Expectations	Does Not Meet Expectations
Classwork				
Homework				
Tests/Quizzes				
Effort				
Behavior				

Present grade average:

Strengths:

Concerns:

Results of content area assessments:

Describe how the student is performing in comparison to his/her peers:

Recommended accommodations in addition to those in the IEP, for this student to be successful in your class:

Feedback: What works for the student? What doesn't work for the student?

Please indicate if you plan on attending the IEP Team Meeting: I will attend. I am unable to attend

Please remember it is your responsibility to attend IEP Team Meetings on your students.

A copy of this report may be given to parents.