



South Bend Community School Corporation Special Education Services

General Education Teacher Questionnaire

Student Name: _____ Grade: _____ TOR: _____

	Poor	Below Average	Average	Above Average
1. School Skills/ Work Habits:				
Attendance				
Attention skills				
Class participation				
Organization				
Self-advocacy				
Work ethic				
Homework completion				
2. Social Skills/ Behavior:				
Interaction with peers				
Interaction with adults				
Behavior (comment below if poor or below average)				
Personal Care				
3. Academic Progress:				
Reading				
Math				
Written Expression				

Classes/Subjects (list)	Grade	%	Reading Level		
			Acuity		
			Study Island		
			ISTEP/IMAST/ECA scores		
			IREAD3		
				Pass	Fail

What accommodations are effective in your classroom?

Comments (Please comment on student's speech/language skills in the academic setting if student receives speech/language services only):

Please return to _____ By _____ (date)