

Return to _____

By (date) _____

General Education Classroom Summary

Student's Name: _____ Subject: _____

Classroom Teacher: _____ Current Grade Ave: _____

IEP Meeting Date: _____

** Indicate student's school performance using the following scale:

1 – Poor	2 – Below Average	3 – O.K.	4 – Above Average	5 – Outstanding
----------	-------------------	----------	-------------------	-----------------

- | | |
|-----------|---|
| 1 2 3 4 5 | 1. Student's attendance |
| 1 2 3 4 5 | 2. Student's ability to follow directions independently |
| 1 2 3 4 5 | 3. Student's daily work |
| 1 2 3 4 5 | 4. Student's tests and quizzes |
| 1 2 3 4 5 | 5. Student's participation in class |
| 1 2 3 4 5 | 6. Student's study habits (in class) |
| 1 2 3 4 5 | 7. Student's ability to express emotions appropriately |
| 1 2 3 4 5 | 8. Student's organizational habits |
| 1 2 3 4 5 | 9. Student's acceptance of school rules/authority figures |
| 1 2 3 4 5 | 10. Student's ability to relate to and work with others |
| 1 2 3 4 5 | 11. Student's ability to communicate orally |
| 1 2 3 4 5 | 12. Student's ability to communicate properly through writing |
| 1 2 3 4 5 | 13. Student's quality of work |
| 1 2 3 4 5 | 14. Student's appropriate interactions with others |
| 1 2 3 4 5 | 15. Student's ability to stay focused during instruction |
| 1 2 3 4 5 | 16. Student's ability to stay focused during work time |
| 1 2 3 4 5 | 17. Student's ability to ask for help |

(continued on back)

General Education Classroom Summary - continued

Please cite the student's major strengths:

Please cite the student's major weakness or source of conflict:

Please note any other observations that may be relevant:

*Thank
You*