## **Teacher Input Form**

Date:

**Student Name:** 

Teacher:

Please complete this form for each meeting and give to the case manager at least 3 days prior to the meeting. Bring RTI interventions and data if applicable.	
Math	Reading
Strengths:	Strengths:
Struggles:	
Accommodations needed:	Struggles:
	Accommodations needed:
Scores: (STAR, classroom, etc. including grade level expectations)	
	Scores: (STAR, classroom, etc. including grade level expectations)
Writing	STEM / Science/ Social Studies
Strengths:	Strengths:
	Struggles:
Struggles:	Accommodations needed:
Accommodations needed:	

Social Emotional / Behavior / Work Habits / Intelligibility:	
Strengths:	
Struggles:	
Accommodations:	