

READS, INC.

**TEACHER ASSESSMENT**

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SUBJECT(S): \_\_\_\_\_

- ◆ Description of current placement and how are services being provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ◆ Briefly comment on the student's academic functioning or achievement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ◆ Other

Behavioral Adjustment:     excellent     good     fair     poor

Attentional Capacity:     excellent     good     fair     poor

Motor Coordination:     excellent     good     fair     poor

Activity Levels and Pattern:     normal     area of concern

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communication Skills:     excellent     good     fair     poor

Memory:    Long Term     excellent     good     fair     poor

                  Short Term     excellent     good     fair     poor

Social Relationships:

          Groups     normal                     area of concern

          Peers     normal                     area of concern

          Adults     normal                     area of concern

If concerns are noted, please explain;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_