

Teacher Summary Report for IEP Meeting

Student: _____

DOB: _____

Start Date: _____

Please complete the form below—mark items with a check (✓) mark if the student is successful in the task and mark items with an asterisk (*) if it is an area of concern. Then please describe the area of concern. Leave the item blank if the student is no successful in the task or if it is not a concern. Please be ready to discuss student’s progress at the IEP meeting and provide work samples when appropriate.

<u>Present Levels of Performance</u>	<u>Describe</u>
<p>COMMUNICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Articulates words clearly <input type="checkbox"/> Speaks in complete sentences <input type="checkbox"/> Describes objects, actions, and events <input type="checkbox"/> Answers “Wh” questions <input type="checkbox"/> Listens to short stories <input type="checkbox"/> Listens and follows simple directions <input type="checkbox"/> Follows 2-step directions without prompts <input type="checkbox"/> Verbally communicates wants and needs to peers and adults <input type="checkbox"/> Dictates picture stories 	
<p>PREACADEMICS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Counts by rote to: ___ and meaningfully to: ___ <input type="checkbox"/> Compares attributes (longer/shorter) <input type="checkbox"/> Recognizes first and last name <input type="checkbox"/> Recognizes ___ letters of the alphabet <input type="checkbox"/> Knows ___ letter sounds <input type="checkbox"/> Matches colors ___ Points to basic colors named ___ Names colors <input type="checkbox"/> Matches shapes ___ Points to basic shapes named ___ Names shapes <input type="checkbox"/> Understands basic concepts (in/out, over/under, in front/behind) 	
<p>GROSS MOTOR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Throws and catches a ball ___ Runs ___ Jumps <input type="checkbox"/> Hops on one foot <input type="checkbox"/> Pedals a tricycle <input type="checkbox"/> Climbs stairs alternating feet 	

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FINE MOTOR <ul style="list-style-type: none"><input type="checkbox"/> Participates in finger plays<input type="checkbox"/> Copies simple shapes<input type="checkbox"/> Snips paper with scissors Cuts out simple shapes<input type="checkbox"/> Builds with blocks<input type="checkbox"/> Writes first name independently	
SOCIAL/EMOTIONAL <ul style="list-style-type: none"><input type="checkbox"/> Parallel or Cooperative play with others<input type="checkbox"/> Separates from parents easily<input type="checkbox"/> Controls his/her behavior in an acceptable fashion both inside and outside the classroom<input type="checkbox"/> Can sit in large group for approximately ___ minutes<input type="checkbox"/> Transitions from preferred activity to adult initiated activity	
VOCATIONAL <ul style="list-style-type: none"><input type="checkbox"/> Attends school regularly<input type="checkbox"/> Completes homework weekly	
ADAPTIVE LIVING <ul style="list-style-type: none"><input type="checkbox"/> Takes care of personal needs (toileting, washing hands, etc.)<input type="checkbox"/> Accepts and follows class routine<input type="checkbox"/> Participates in family style meals	

Please describe student's preferences and interest:

Please summarize main area of concern:

Thank you! Please return to Evelyn Divinagracia, MS, CCC-SLP by: _____