

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

## Teacher Summary Report for IEP Meeting

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

**Please describe student's preferences and interest:**

**Please summarize main area of concern:**

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