Teacher Questionnaire

You are a vital part of the IEP team. Your input will help us develop an effective and appropriate plan for this student.

Student Name: _____ Grade: _____ IEP Start Date: _____ Eligibility: _____

General Education Teacher/s: _____ _____

	Strengths	Struggles
Academic		
Behavioral/Social		

Please check all that you feel should be included in this student's IEP.

Goals: ☐Math ☐Reading ☐Writing ☐Language ☐Behavior ☐Social Skills

_____ _____ _____ _____ _____ _____

Services: ☐Inclusion Support (academic / behavior / both) during _____

☐Tier 3 Instruction (math / reading / both) ☐Social Skills ☐Other_____

Accommodations: ☐extra time ☐revisions ☐breaks ☐reduced work ☐reference guide ☐proximity seating

☐modified assignments ☐questions read-aloud ☐writing assistance ☐small group testing ☐_____