

TEACHER IEP INPUT FORM

Student Name: _____ **Date:** _____

Teacher Name: _____ **Class:** _____

Student's current grade in your class: _____

You play a vital role as an IEP Team member. Your input and observations are important. Please take a few minutes and complete this form, and bring it with you along with work samples to the upcoming IEP meeting scheduled for the student listed above.

1. Describe the student's strengths.

2. Describe the student's challenges.

3. Describe any accommodations/modifications/teaching strategies that have helped this student be successful in your class.

4. Describe the student's work habits (i.e. staying on task, following directions, completing assignments, etc.).

5. Describe the student's social skills and/or social interactions.

6. Additional comments: