

Student Support: Teacher Survey

Please fill out the form as thoroughly as possible.

***Required**

Your Email* _____

Student Name* _____ **Grade Level*** _____

Requested By* _____ **Date Submitted*** _____

Please fill out the steps you have already taken. Opportunities for description will follow.

- Have you spoken to the student about your concerns? * Yes No

Please give a brief description of the conversations and the dates: *

- Have you spoken to the student's parents/guardians about your concerns? *

- Yes, by email
- Yes, by phone
- Yes, face-to-face
- No

- Please give a brief description of the conversations and the dates: *

- What specific interventions have you already tried with this student: *

- What were the outcomes of these actions? *

Please note any data collected to support your concerns (grades, observations, specific incidents, assessments, etc.) *

Level of concern: *

Monitor 1 2 3 4 5 Urgent

Please circle all that apply related to ACADEMIC CONCERNS *

- Low quiz/test score
- Currently failing
- Poor work quality
- Not responsive to suggestions for help
- Requests helps, but still struggling
- Does not take notes
- Work turned in is incomplete
- Difficulty following directions
- Inability to organize or loses materials/assignments
- Struggles with attention to detail/careless mistakes
- Becomes anxious before, during, and/or after tests
- Does not willingly participate in class
- Difficulty answering when called upon
- Makes many errors reading aloud or reads aloud slowly
- Struggles to summarize passages or text
- Very poor handwriting
- Difficulty with tasks requiring memorization
- Difficulty with multi-step directions and tasks

- Counts on fingers
- Needs calculator for basic facts
- NO ACADEMIC CONCERNS

Please list any additional academic concerns not listed above:

Please circle all that apply related to BEHAVIORAL CONCERNS *

- Extremely talkative (often off-topic, extra tangential information)
- Hyperactive/impulsive
- Disruptive
- Easily distracted
- Blurts out answers/interrupts
- Constantly fidgets/ “taps” on desk
- Daydreams/does not seem to pay attention
- Falls asleep in class
- Defiant with authority
- Verbal abuse to others
- Verbal abuse to self
- Threatens violence
- Uses obscene language
- Mood swings/easily angered
- Bullies other students
- Isolates self, cries in class, puts head down, irritable

- Writes concerning notes
- Needy/clingy
- Doesn't work independently
- NO BEHAVIORAL CONCERNS

Please list any additional behavioral concerns not listed above:

Please circle all that apply related to SOCIAL/EMOTIONAL CONCERNS *

- Overreacts
- Change of friends
- Inappropriate affection
- Appetite change
- Withdrawal
- Irritability
- Excessive crying
- Change in activities
- Defensive
- Does not notice social cues
- NO SOCIAL/EMOTIONAL CONCERNS

Please list any additional social/emotional concerns not listed above:

Please circle all that apply related to PHYSICAL CONCERNS *

- Poor hygiene
- Poor coordination
- Drowsiness/slurring
- Glassy/bloodshot eyes
- Bruises
- Weight increase
- Weight decrease
- Smells of alcohol/marijuana
- Decreased athletic performance
- Complains of headaches
- Frequently sick
- Dressed inappropriately for weather (no coat, long sleeves in heat, etc.)
- NO PHYSICAL CONCERNS

Please list any additional physical concerns not listed above:

Please circle all that apply related to FAMILY CONCERNS *

- Discusses abuse
- Anger at parents
- Suffered recent loss
- Takes care of sibling daily
- NO FAMILY CONCERN

Please list any additional family concerns not listed above:
