118 – 11th Street E.
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CO-TEACHING / CO-PLANNING SUMMARY SHEET FOR EDUCATIONAL SUPPORT (K – 8)

Name: ____ Sex: _______ Age: _______

Date of Birth: __________________ School: ____
(D / M / Y)

Grade: _________ Repeated Grade: ______ Program: K-8 Regular _______ PPP ______

Parent(s)/Guardian(s): _______________________________ Phone Number: ____________

Work Number: ___________________ Cellular Number: __________

Address: ____

Educational Support Teacher: _________________________ Teacher: _________________

Referral Initiated by: _________________________ Date of Referral: ___________________

Reason for Referral: ____

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AREAS OF CONCERN

Please indicate the areas of concern that are preventing the student from accessing the curriculum:

COMMUNICATON		ACADEMIC		PERSONAL & SOCIAL GROWTH	
□	Oral Expression	□	Short Term Memory	□	Frustration Tolerance
□	Hearing	□	Long Term Memory	□	Accepting Responsibility
□	Following Directions	□	Processing Speed	□	Aggression
□	Listening Comprehension	□	Written Expression	□	Anxiety
		□	Reading Comprehension	□	Attendance
WORK HABITS		□	Reading Fluency	□	Impulsivity
□	Planning / Organization	□	Short Attention – Reading	□	Distractibility
□	Clumsy / Awkward	□	Short Attention – Copying	□	Excessive Movement
□	Paper / Pencil Tasks Messy	□	Reversal of Numbers and/or letters	□	Peer Relations
□	Eye-Hand Coordination	□	Math Reasoning Skills	□	Social Skills
□	Formation of Letters	□	Math Calculation Skills		
□	Initiation of Work				
□	Completion of Work				
□	Personal Organization				

1. What classroom and/or informal assessment measures have been used to determine the student's level of instruction?

2. Is this student meeting curriculum outcomes? ☐ Yes ☐ No
   Explain how.

3. What strategies does the student use to cope in the classroom?

CLASSROOM OBSERVATION

Complete the following record.

Name: ________________________ **Class:** ___________________________ **Date:** _______________
Classroom Teacher

How does the student respond to visual, oral or written material?	**How does the student respond to assigned tasks?**
How does the student persist with tasks?	**How does the student organize his/her time and materials?**
Describe the student's use of oral language (fluency, willingness to speak)?	**Does the student prefer to work individually, in partners or in a group?**

How does the student respond to auditory, visual or proximal teacher cues?	How does the student respond to authority?
How does the student interact with peers?	**Does the student have any environmental preferences (desk arrangements, lights, sounds, etc.)?**

PLAN OF ACTION:

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______________________________	______________________________
Classroom Teacher	Date
______________________________	______________________________
Educational Support Teacher	Date