

## TEACHER'S IEP INPUT SURVEY

Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Subject: \_\_\_\_\_ Case Manager: \_\_\_\_\_

*Please give responses to the following items:*

1. How does the child participate in class instructions (stays on task, answers or responses in class, etc.)?
2. How does he/she interact or get along with peers/teachers?
3. What are some areas or activities that he/she needs to improve on in your class or did not successfully complete?
4. What were some activities that he/she completed successfully in your class or at school?
5. Did you provide any modifications or accommodations, if so, what?
6. Do you think he/she can progress in general education classes without special education services? If so, explain.

