

Student Name \_\_\_\_\_ Date \_\_\_\_\_

## **Teacher Summary Report**

Please complete as specifically as possible. Add an additional page if needed to address any concern(s).

### **1. Clearly describe the student's current level of performance in:**

Reading

Language Arts

Math

Social Behavior

Memory

Motor skills (fine and gross)

Speech/Language Skills

**2. Describe the student's functional ability:**

Listen and follow directions:

Complete tasks:

Work independently:

Organize self and possessions:

Navigate the building:

**3. School Attendance:**

**4. Medical problems of which you are aware or would like checked:**

**5. Other Concerns**

**Determination of language/ mode of communication:**

1. What language does the child use most frequently in the classroom?
2. Has the student ever used a non-English word or phrase in spontaneous speech?  
 No       Yes, what language \_\_\_\_\_
3. Has the student been screened by the bilingual teacher?       No     Yes
4. The language spoken most often in the home by mother \_\_\_\_\_,  
By father \_\_\_\_\_, by siblings \_\_\_\_\_.
5. Does the student use gestures or signs to communicate with others?       No     Yes
6. Does the student use any other alternative or augmentative communication?  
 No     Yes, what type \_\_\_\_\_
7. Describe the cultural background of the student.
8. What sources of information were used in making this assessment of the student's language/  
mode of communication?

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_