

## Language Teacher Input Form

**Student's Name:**

**Date:**

Teacher's Name:

Birth Date/Age:

Language spoken at home/school:

Please describe your student's top two strengths:

Please describe your student's main difficulties:

**Does your student have difficulty with the following:**

**Please answer by selecting N (Never), S (Sometimes), A (Always)**  
**Subject(s) where difficulty occurs**

Understanding directions or discussions, lectures?

Understanding written directions or text?

Recalling words and information?

Understanding concepts in math, social studies, and science?

Understanding and using age-level vocabulary?

Understanding and expressing age-level figurative language?

Using age-appropriate sentences?

Understanding and answering questions?

Participating in classroom discussions?

Relating information in an organized, sequential manner?

Remembering details?

Completing written assignments?

Taking notes in class?

Test taking?

Are written errors similar to oral language errors?

Having behavior difficulties in structured situations?

Having behavior difficulties in unstructured situations?

Does your student try to make himself/herself understood?

If yes, please describe:

Please list any accommodations you have already tried for this student: (e.g., increased wait time, shortened assignments, reading tests etc.)

Please discuss academic progress concerns here, or attach a current progress/report card: