



# Elementary Teacher Report

For (check one)  EMT  504  IEP  
**Team Meeting**

MCPS Form 272-7  
March 2017  
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Office of Special Education  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

Student \_\_\_\_\_ Student ID \_\_\_\_\_ Grade Level \_\_\_\_\_

Subject \_\_\_\_\_ Teacher \_\_\_\_\_

Case Manager \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Return by \_\_\_\_/\_\_\_\_/\_\_\_\_

## READING

Student is (please check one):

- Above Reading Target Level  On Reading Target Level  Below Reading Target Level

Current Reading/Text Level: \_\_\_\_\_

	Strength	Satisfactory	Concern
Reads accurately and fluently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates comprehension orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehends text read aloud by teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## WRITTEN LANGUAGE

Student is (please check one):

- Above Grade Level  On Grade Level  Below Grade Level

	Grade	Title
Grades and titles of at least three writing samples, as appropriate		

	Strength	Satisfactory	Concern
Ideas and Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentence Fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED

**MATH**

Student is: Current Math Level: \_\_\_\_\_ Receives Support:  Yes  No

	Grade	Title
Grades and titles of at least three unit assessments, as appropriate.		

	Strength	Satisfactory	Concern
Basic facts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ORAL COMMUNICATION**

	Strength	Satisfactory	Concern
Understands information presented orally (classroom discussion, narratives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands class readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in complete sentences to express ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ORGANIZATION**

	Strength	Satisfactory	Concern
Materials organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assignments completed by due date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrives with necessary materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes necessary materials home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PARTICIPATION**

	<b>Strength</b>	<b>Satisfactory</b>	<b>Concern</b>
Participates during class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socializes at appropriate times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focuses on instruction/activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works collaboratively with team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SOCIAL/EMOTIONAL: EVIDENCE TO SUPPORT ABOVE DECISION.**

	<b>Strength</b>	<b>Satisfactory</b>	<b>Concern</b>
Interactions with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solves when stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raises hand/waits to be called on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (mandatory if any area is a concern):