



## PUPIL PERSONNEL SERVICES

### INITIAL ELIGIBILITY AND ANNUAL REVIEW TEACHER STATEMENT FORM

<b>Student's Name: (Last, First)</b>	<b>Teacher(s) Completing this Statement:</b>
<b>Grade:</b>	<b>Date:</b>

#### **SECTION I:**

TO BE COMPLETED BY THE STUDENT'S GENERAL EDUCATION TEACHER FOR ALL PLACEMENTS EXCEPT SPECIAL CLASS. SPECIAL CLASS TEACHERS COMPLETE ONLY THE AREAS THAT ARE RELEVANT TO PRESENT LEVELS OF PERFORMANCE.

#### **Academic Needs**

Indicate subject area(s) showing academic strengths and academic need(s). (attach supporting data **)	
Indicate skill areas showing strengths and needs. (attach supporting data **)	
Indicate activities of daily living strengths and needs.	
If one or more areas are noted, continue to narrow the area until very specific needs are identified (e.g. ELA: comprehension, vocabulary, writing, etc.)	
What could this student accomplish in a year to close this gap?	

#### **Social Development**

Please indicate strengths in student's relationships with his/her peers. Are they age appropriate? If not, how so?	
Please indicate strengths in student's relationships with adults. Are they age appropriate? If not, how so?	
Please indicate student's strengths regarding feelings about himself. Are they age appropriate? If not, how so?	
Please indicate strengths and difficulties in adjusting to the school or community environment?	
If any areas above are noted, what would be a concrete goal for improvement in the next year?	

**\*\* Supporting data can include:** Progress Reports, Report Cards, Curriculum-Based Measures, Universal Screenings, Benchmark Results, and/or other objective measures such reports from DIBELS, Read 180, System 44, Wilson, etc.

## **Physical Development**

Please indicate strengths and concerns regarding the student's motor development.	
If any areas above are noted, what would be a concrete goal for improvement in the next year?	
Please indicate any health issues that impact learning.	
Does the student's health issue impact their vitality/endurance?	
Indicate any physical deficits that may be impacting learning.	
If any areas above are noted, what would be a concrete goal for improvement in the next year?	

## **Management Needs**

Please indicate modifications needed in the classroom environment to allow the student to maximize instruction.	
Which goals require specific modifications or resources, if any?	
What specific modifications are needed, if any?	

## **SECTION II:**

TO BE COMPLETED BY THE STUDENT'S CASE MANAGER AND/OR SPECIAL EDUCATION TEACHER, AS WELL AS RELATED SERVICE PROVIDER (IF WARRANTED).

**Recommended Placement:** *(Teacher must discuss with parent/guardian prior to annual review)*

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## **Other Relevant Information:**

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## **Additional Evaluations Recommended:**

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## **Test Modifications Recommended:**

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