

Hart County Teacher Input Form

Student _____
 Subject/Period _____ Teacher _____

Your input is needed by the **Annual Review Committee (ARC)** in order to determine if a change is needed in this student's participation within the education program for the coming school year.

Please complete this form and return it to _____ by _____. Thank you!!!

YES NO NA Sometimes

___	___	___	___	Usually completes in-class assignments in time
___	___	___	___	Usually completes homework assignments on time
___	___	___	___	Usually prepared for tests
___	___	___	___	Can follow through on directions given to the group
___	___	___	___	Motivated to do well
___	___	___	___	Usually does satisfactory written work
___	___	___	___	Usually brings materials needed for class
___	___	___	___	Accepted by his/her peer group
___	___	___	___	In-class behavior is appropriate for his/her age
___	___	___	___	Interacts with peer group appropriately
___	___	___	___	Listens well
___	___	___	___	Participates appropriately in class
___	___	___	___	Requests help when appropriate
___	___	___	___	Seems to pay attention most of the time
___	___	___	___	Stays on task
				If not , please give an estimated percentage of time on task. _____ % on task during a class period

Student prefers:
 ___ Verbal directions
 ___ Written directions
 ___ Both

My recommendations would be:

List your subject: _____
 ___ Collaboration
 ___ Full time regular class
 ___ Indirect Services in regular class
 ___ Resource Room
 ___ Other: _____

****If you need to write anything more, please use the back of this form.***

Current grade in your class: _____

Teacher Signature

Date