



TEACHER REPORT FOR REEVALUATIONS

Please complete, sign, and return to:

Wayne County Schools
Office of Special Programs
P.O. Box 70, Wayne, WV 25570
Phone: 304-272-5116 ext. 341 Fax: 304-272-5993

Student's Full Name: _____ Date: _____
School: _____ DOB: _____
Parent(s)/Guardian(s): _____ Grade: _____ Sex: M F
Address: _____ WVEIS#: _____
City/State/Zip: _____ Telephone: _____
Name of Teacher Completing Form: _____ Email: _____

Subject:	Instructional Level:	Current Grade:

Describe the student's performance in the general education classroom: _____

Which modifications and accommodations are essential to the student's success in the **general education classroom**?
 Reduced Assignments Extended Time Oral Testing
 Frequent Redirecting Close Monitoring Modified Reading Assignments
 Study Guides Correlating with Modified Tests Close Adult Support/Supervision
 Other: _____

Do you feel the student is making progress toward Context Standards and Objectives? Yes No

In your opinion, what is the least restrictive environment the student needs for success?
 General Education, No Modifications/Accommodations General Education with Co-Teaching Support
 General Education, With Modification/Accommodations
 Special Education Classroom (must specify why): _____

Please list positive comments and student's strengths: _____

Please list any weaknesses or concerns: _____

Please attach current STAR reading and math assessment results, last report card/grades or work samples, and any other helpful information regarding student's progress.

Teacher Signature

Date