

Sarcoxie R-II School District Academic Screening

(This form should be accurately and fully completed. Submit to Kristy Barnard at least two days prior to the student's scheduled meeting.)

Student Name: _____ Grade Level: _____

Teacher: _____ Date: _____

Does the student complete work on time or within the time designated in his/her IEP? Please explain.

Does the student's behavior contribute positively to his/her learning and the learning of others? Please explain.

After referring to the student's accommodations/modifications in their IEP, what were the most effective accommodations/modification? Please give an example of how each is implemented in the classroom.

Please include the current class and grade of the student:

Current Class: _____ Current Grade: _____

Additional comments or concerns:

Will you be attending the meeting?

_____ Yes, I plan on attending.

_____ Yes, I need a sub for the entire meeting. (*Teacher must request sub.*)

_____ Yes, send a teacher to cover for me at _____ (*Please list time.*)

_____ No, I cannot attend the meeting, use this document as my input.