



Secondary Teacher Report

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

Office of Special Education
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 272-8
March 2017
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Student _____ Student ID _____ Grade Level _____

Subject _____ Teacher _____

Case Manager _____ Course _____

READING

Student is (please check one): Reading Level _____

	Strength	Satisfactory	Concern
Reads accurately and fluently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands class readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to interpret lengthy text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to keep up with longer readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WRITTEN LANGUAGE IN DISTRICT COMMON ASSESSMENTS

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		

	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"/>
In Written Assessments	<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 (please check one): Math Course: _____ Receives Support: ☐ Yes ☐ No

	Grade	Title
Grades and titles of at least three common district assessments as appropriate		

	Strength	Satisfactory	Concern
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
Notebook 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"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTICIPATION

	Strength	Satisfactory	Concern
Contributes 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"/>
Requests accommodations	<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.

	Strength	Satisfactory	Concern
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):