**\_\_\_ INITIAL PLANNING MEETING \_\_\_RE-EVALUATION**

**Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please make notes about all areas that are relevant to your student. If your curriculum does not address a particular topic, skip that section.

**READING**

Grade Level (Independent): Grade Level (Instructional):

Decoding:

Oral Reading Fluency:

Comprehension:

Language:

Handwriting:

Spacing and Alignment:

Capitalization/Punctuation:

Sentence Structure:

**MATHEMATICS**

Grade Level:

Basic Facts: Add \_\_\_\_\_\_\_\_\_\_\_\_ Sub \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add:

Subtract W/Regrouping:

Multiply:

Divide:

Telling Time:

Word Problems – One Step:

 Multi-Step:

**SOCIAL SKILLS**

Authoritative Relationships:

Peer Relationships:

**OVERALL STRENGTHS/WEAKNESSES**

**HEALTH**

**OTHER CONCERNS**