



Camden City School District Teacher Interview Form

Date of Planning Meeting: _____ Date Teacher Interview Completed: _____

DEMOGRAPHIC INFO:

Student Name: _____
Student ID #: _____ DOB: _____ Male Female

SCHOOL INFO: School: _____ Teacher(s): _____
Grade: _____ Room: _____ Grade(s) Repeated: _____ # Days Absent: _____

Level of Student Engagement:

Math: NA - 0 - 1 - 2 - 3 - 4 - 5
Unengaged Very Engaged
Literacy: NA - 0 - 1 - 2 - 3 - 4 - 5
Unengaged Very Engaged

Ability to Complete Academic Work:

Math: NA - 0 - 1 - 2 - 3 - 4 - 5
Very Poor Very Good
Literacy: NA - 0 - 1 - 2 - 3 - 4 - 5
Very Poor Very Good

Level of Student Focus:

Math: NA - 0 - 1 - 2 - 3 - 4 - 5
Very Poor Very Good
Literacy: NA - 0 - 1 - 2 - 3 - 4 - 5
Very Poor Very Good

Interactions with Peers:

NA - 0 - 1 - 2 - 3 - 4 - 5
Very Poor Very Good

Interactions with Adults:

Math: NA - 0 - 1 - 2 - 3 - 4 - 5
Very Poor Very Good

Overall Student Behavior: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Overactive/restless/fidgety | <input type="checkbox"/> Off task | <input type="checkbox"/> Makes excessive demands on teacher time |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Out of seat | <input type="checkbox"/> Unorganized |
| <input type="checkbox"/> Makes inappropriate noises | <input type="checkbox"/> Distractible | <input type="checkbox"/> Appears sad/depressed |
| <input type="checkbox"/> Disturbs others | <input type="checkbox"/> Blurts out/talks too much | <input type="checkbox"/> Overly emotional |
| <input type="checkbox"/> Destructive/Aggressive | <input type="checkbox"/> Difficulty keeping hands/feet to self | <input type="checkbox"/> Combative |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Isolates self from others | <input type="checkbox"/> Overly passive/submissive |

Overall Academic Behavior: (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Difficulty answering questions appropriately | <input type="checkbox"/> Word retrieval difficulty | <input type="checkbox"/> Difficulty relating ideas in sequence |
| <input type="checkbox"/> Statements/directions must be repeated | <input type="checkbox"/> Difficulty holding pencil correctly | <input type="checkbox"/> Requires excessive time to respond |
| <input type="checkbox"/> Difficulty answering questions after reading | <input type="checkbox"/> Written work is not legible | <input type="checkbox"/> Skips lines when reading |
| <input type="checkbox"/> Difficulty with grade level math concepts | <input type="checkbox"/> Does not produce written work | <input type="checkbox"/> Blends sounds incorrectly |
| <input type="checkbox"/> Does not follow verbal directions | <input type="checkbox"/> Reverses numbers or letters | <input type="checkbox"/> Difficulty with sight words |
| <input type="checkbox"/> Does not listen attentively | <input type="checkbox"/> Misspells words phonetically | <input type="checkbox"/> Difficulty understanding vocabulary |

Academic Achievement:

Report Card Grades	1 st MP	2 nd MP	3 rd MP	4 th MP	Final	Notes
Literacy						
Math						
Science						
Social Studies						
Conduct						

	MAP Fall	MAP Spring	Edmentum Fall	Edmentum Spring	DRA/STEP Fall	DRA/STEP Spring	Notes
Literacy							
Math							

Student Strengths:

Additional Notes/Information:

USE ADDITIONAL PAGES AS NECESSARY

Teacher Interview Completed by: _____
 Returned to CST on: _____
 Uploaded to Document Repository on: _____