

____ 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.

<u>READING</u>		
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:		
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SOCIAL SKILLS Authoritative Relationships:

Peer Relationships:

OVERALL STRENGTHS/WEAKNESSES

<u>HEALTH</u>

OTHER CONCERNS

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