



# 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
Literacy:	NA	-	0	-	1	-	2	-	3	-	4	-	5
Other _____:	NA	-	0	-	1	-	2	-	3	-	4	-	5

Unengaged Very Engaged

Ability to Complete Academic Work:

Math:	NA	-	0	-	1	-	2	-	3	-	4	-	5
Literacy:	NA	-	0	-	1	-	2	-	3	-	4	-	5
Other _____:	NA	-	0	-	1	-	2	-	3	-	4	-	5

Unengaged Very Engaged

Level of Student Focus:

Math:	NA	-	0	-	1	-	2	-	3	-	4	-	5
Literacy:	NA	-	0	-	1	-	2	-	3	-	4	-	5
Other _____:	NA	-	0	-	1	-	2	-	3	-	4	-	5

Unengaged Very Engaged

Interactions with Peers:

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

Interactions with Adults:

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 <sup>st</sup> MP	2 <sup>nd</sup> MP	3 <sup>rd</sup> MP	4 <sup>th</sup> MP	Final	Notes
Literacy						
Math						
Science						
Social Studies						
Conduct						
Other						

	MAP Fall	MAP Spring	DRA/STEP Fall	DRA/STEP Spring	Other:	Other:	Other:	Other:
Literacy								
Math								

If student is bilingual, Access Score: \_\_\_\_\_

**Student Strengths:**

---



---



---

**Additional Notes/Information:**

---



---



---



---



---



---



---



---

USE ADDITIONAL PAGES AS NECESSARY

Teacher Interview Completed by: \_\_\_\_\_

Returned to CST on: \_\_\_\_\_

Uploaded to Document Repository on: \_\_\_\_\_