

Miami-Dade County Public Schools

Private School Intake Office

RE-EVALUATION TEAM (RT) MEETING - TEACHER FEEDBACK INFORMATION FORM

Student _____ School _____ Grade _____

Teacher _____ Class _____ Date _____

An RT is being scheduled for this student who attends a private school. Teacher's input is very important. Please provide information in regards to the student's functioning in the following areas:

Academic Achievement (current levels in Reading/ Math/ & Written Lang.; standardized test scores.)
Processing of information (follows directions, memory, attention, visual-motor)
Emotional functioning (frustration tolerance, mood/temperament/ behavioral concerns)
Adaptive Functioning/Daily Living Skills (personal care, daily living skills, adapting to changes)
Hearing/Speech/Language (hearing screening results, speech & language skills, ability to communicate)
Vision acuity (wears glasses, any apparent difficulty seeing the board, vision screening results)
Physical/Medical (any known health or physical problems, medication intake, medical diagnoses)
School Attendance (indicate good attendance/ frequent absences/ tardiness or early dismissals)
Social Functioning (interaction with peers/adults, social skills, conflict resolution and leadership skills)
Vocational Aptitude/Interests (future goals, career choices, and any special skills or interests)
Concerns/Additional Comments
Any changes in functioning since last evaluation?