

# General Education IEP Input Form

SCROLL  
to take a look inside!

## Teacher Questionnaire for IEP

Please complete this form and return to \_\_\_\_\_  
by \_\_\_\_\_ (date).

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
ID Number \_\_\_\_\_ Teacher/Rater \_\_\_\_\_ Date \_\_\_\_\_

**\*\*When choosing your answers, please compare this student to a typical grade-level peer. \*\***

| General Questionnaire                    | Poor                     | Below Average            | Average                  | Above Average            |
|------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attendance                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understands Oral Directions              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows Oral Directions                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Effective Verbal Communication           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Focus/Attention Skills                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses Time Effectively                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Able to Complete Classwork Independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Key Benefits

- Easily gather and share teacher insights
- Enhance student support discussions
- Guide constructive IEP discussions
- Gather actionable insights to assist in developing quality IEPs.

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|------------------------------------------|------|---------------|---------|---------------|
| Attendance                               |      |               |         |               |
| Understands Oral Directions              |      |               |         |               |
| Follows Oral Directions                  |      |               |         |               |
| Effective Verbal Communication           |      |               |         |               |
| Focus/Attention Skills                   |      |               |         |               |
| Uses Time Effectively                    |      |               |         |               |
| Able to Complete Classwork Independently |      |               |         |               |

**Academic Skills**

|                  | Poor | Below Average | Average | Above Average |
|------------------|------|---------------|---------|---------------|
| Reading          |      |               |         |               |
| Math             |      |               |         |               |
| Written Language |      |               |         |               |

Comments: \_\_\_\_\_

**Class/Subject**

|  | Grade | % | # Missing Assignments |
|--|-------|---|-----------------------|
|  |       |   |                       |
|  |       |   |                       |
|  |       |   |                       |
|  |       |   |                       |
|  |       |   |                       |
|  |       |   |                       |
|  |       |   |                       |
|  |       |   |                       |
|  |       |   |                       |
|  |       |   |                       |

\_\_\_\_\_ modifications work best for this student in your classroom?

\_\_\_\_\_ information is needed to help you in the classroom?

\_\_\_\_\_ do you believe the team needs to discuss for this student?

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# Print and Digital Options

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|-------------------------------------------------|------|---------------|---------|---------------|
| Attendance                                      |      |               |         |               |
| Understands Oral Directions                     |      |               |         |               |
| Follows Oral Directions                         |      |               |         |               |
| Effective Verbal Communication                  |      |               |         |               |
| Focus/Attention Skills                          |      |               |         |               |
| Uses Time Effectively                           |      |               |         |               |
| Able to Complete Classwork Independently        |      |               |         |               |
| Organization                                    |      |               |         |               |
| Class Participation                             |      |               |         |               |
| Adapts to Change                                |      |               |         |               |
| Homework Completion                             |      |               |         |               |
| Follows School Rules                            |      |               |         |               |
| Follows Classroom Rules                         |      |               |         |               |
| Controls Impulsivity                            |      |               |         |               |
| Takes Responsibility                            |      |               |         |               |
| Accepts Correction                              |      |               |         |               |
| Displays Self-Confidence                        |      |               |         |               |
| Self-Advocacy                                   |      |               |         |               |
| Social/Interpersonal Skills (with peers)        |      |               |         |               |
| Social/Interpersonal Skills (with school staff) |      |               |         |               |
| Consistent Daily Performance                    |      |               |         |               |
| Other:                                          |      |               |         |               |
| Other:                                          |      |               |         |               |
| Comments:                                       |      |               |         |               |

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Print & Digital  
B/W & Color

Share digitally for easy  
completion and collaboration  
among educators

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| Focus/Attention Skills                   |                          |                          |                          |                          |
| Uses Time Effectively                    |                          |                          |                          |                          |
| Able to Complete Classwork Independently |                          |                          |                          |                          |

Comments:

| Class/Subject | Grade | % | # Missing Assignments |
|---------------|-------|---|-----------------------|
|               |       |   |                       |
|               |       |   |                       |
|               |       |   |                       |
|               |       |   |                       |
|               |       |   |                       |
|               |       |   |                       |
|               |       |   |                       |

1. What accommodations/modifications work best for this student in your classroom?  
\_\_\_\_\_  
\_\_\_\_\_

2. What, if any, additional information is needed to help you in the classroom?  
\_\_\_\_\_  
\_\_\_\_\_

# Ways to Use this Resource

- ★ Pre-IEP planning with teacher input
- ★ Prioritize goals with teacher collaboration
- ★ Enhance student support planning
- ★ Guide discussions during IEP meetings
- ★ Share insights with parents and professionals
- ★ Track progress for ongoing support