



**RURAL CHAMPAIGN COUNTY SPECIAL EDUCATION COOPERATIVE**  
 807 N. Mattis Ave, Champaign, IL 61821  
 217-892-8877 FAX: 217-893-8627

**School Report Form**

Student Name \_\_\_\_\_ School Name \_\_\_\_\_

In which of the skill areas below is this student's performance significantly lower than average for peers in the same grade at your school?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Reading decoding     | <input type="checkbox"/> Reading fluency                    | <input type="checkbox"/> Reading comprehension   |
| <input type="checkbox"/> Math computation     | <input type="checkbox"/> Math application                   | <input type="checkbox"/> Spelling                |
| <input type="checkbox"/> Written expression   | <input type="checkbox"/> Understanding spoken language      | <input type="checkbox"/> Verbal expression       |
| <input type="checkbox"/> Speech production    | <input type="checkbox"/> Attention                          | <input type="checkbox"/> Hyperactivity           |
| <input type="checkbox"/> Peer relationships   | <input type="checkbox"/> Motivation                         | <input type="checkbox"/> Inappropriate behaviors |
| <input type="checkbox"/> Memory               | <input type="checkbox"/> Speed when working                 | <input type="checkbox"/> Fine motor              |
| <input type="checkbox"/> Gross motor          | <input type="checkbox"/> Taking responsibility for learning | <input type="checkbox"/> Emotional control       |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Compliance with adult requests     | <input type="checkbox"/> Class participation     |
| <input type="checkbox"/> Other: _____         |   |  |

Of all the areas checked, which ones concern you the most?

\_\_\_\_\_

For each of your major concerns, list 1 to 2 specific examples and how they affect the student in the classroom:

Specific Examples of Concern Areas  
*Example: Can't explain what he/she just read*

Effect on Classroom Performance  
*Can't read/study/learn from social studies and science book*

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In which of the skill areas below would you consider this student's performance to be comparable to that of peers in the same grade at your school?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Reading decoding     | <input type="checkbox"/> Reading fluency                    | <input type="checkbox"/> Reading comprehension   |
| <input type="checkbox"/> Math computation     | <input type="checkbox"/> Math application                   | <input type="checkbox"/> Spelling                |
| <input type="checkbox"/> Written Expression   | <input type="checkbox"/> Understanding spoken language      | <input type="checkbox"/> Verbal expression       |
| <input type="checkbox"/> Speech production    | <input type="checkbox"/> Attention                          | <input type="checkbox"/> Hyperactivity           |
| <input type="checkbox"/> Peer relationships   | <input type="checkbox"/> Motivation                         | <input type="checkbox"/> Inappropriate behaviors |
| <input type="checkbox"/> Memory               | <input type="checkbox"/> Speed when working                 | <input type="checkbox"/> Fine motor              |
| <input type="checkbox"/> Gross motor          | <input type="checkbox"/> Taking responsibility for learning | <input type="checkbox"/> Emotional control       |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Compliance with adult requests     | <input type="checkbox"/> Class participation     |

List 3 – 5 specific strengths that you have observed in the performance of this student.

It would be very helpful for you to demonstrate your academic concerns for this student by attaching one or more work samples. Samples of comparable work done by students who represent "average" would also help.

In your opinion, how does this student learn best? Check all that apply.

- Hands-on activities/projects
- Lecture/discussion
- Small group work
- One-to-one assistance
- Visual aids
- Other? \_\_\_\_\_

Please list the current grades for this student, including E (Excellent), S (Satisfactory), or U (Unsatisfactory) for primary grades. If the grades that you list reflect major accommodations or alternative grading standards, please describe.

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Describe your contacts with the parents (guardians) of this student and their perceptions.

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Please list specific strategies that you have found helpful when teaching this child.

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List all teachers who instruct this student. Beside the teacher's name, list the class(es) taught.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What else do you want us to know about this student's experiences/performance in school?

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Date Completed \_\_\_\_\_ Name of individual(s) completing form \_\_\_\_\_