PLEASE RETURN TO: _____

NEEDED RETURN BY: _____

Geneseo Central School District

Committee on Special Education

Cindy Flowers
Special Education Administrator

4050 Avon Road
Geneseo, NY 14454
Telephone: 585-243-3450
Fax: 585-243-0597

- TEACHER'S CLASSROOM REPORT -

STUDENT: _____ **GRADE:** _____

TEACHER: _____ **SUBJECT:** _____

CSE MEETING DATE: _____ **DATE OF REPORT:** _____

NUMBER OF ABSENCES: _____ **DISCIPLINE REFERRALS:** _____

CURRENT AVERAGE (Secondary)**:** _____ **DATE PARENTS CONTACTED:** _____

Please describe the student's current level of functioning in your classroom. Be sure to include areas of strength and need, current academic levels/grades, current interventions/strategies and any other information that you believe would be useful for consideration by the Committee on Special Education.

Academic: *(Current levels of knowledge and development in subject and skill area, including; level of intellectual functioning, learning style and expected rate of progress in acquiring skills and information.)*

Social: *(The degree and quality of the student's relationships with peers and adults, feelings about self and social adjustment to school and community environments.)*

Physical: *(The degree or quality of the student's motor and sensory development, health, vitality, and physical skills or limitations that pertain to the learning process)*

Behavioral/Management: *(The nature of and the degree to which environmental modifications and human or material resources are required to enable the student to benefit from instruction.)*

_____

TEACHER'S SIGNATURE