**TEACHER NARRATIVE**

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| **PERSONAL DATA** |
| **Child’s Name:** | **Race:** | **Gender:** | **DOB:** |
| **District/School: RCSD/** | **MSIS #:** | **Grade:** | **Age:** |
| **HOME AND FAMILY INFORMATION** |
| **Parent(s)/Guardian(s):** |
| **Language(s) Spoken in the Home** |
| **Is any language other than English spoken in the home? ☐ Yes ☐ No (skip to next section)** |
| **Language(s)** | **Child** | **Parent(s)/Guardian(s)** |
| **Understands** | **Speaks** | **Understands** | **Speaks** |
| English |  |  |  |  |
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| **History of Parent Contacts** |
| **Has the child’s parent(s) requested a comprehensive evaluation or “testing” for the child verbally or in writing?** **☐ Yes ☐ No**  |
| **Have you contacted/been contacted by the child’s parent(s) to discuss any concerns about the child’s academic progress, development, and/or behavior? ☐ Yes ☐ No (skip to next section)** |
| **Date** | **Reason for Contact** | **Results** |
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| **REFERRAL INFORMATION** |
| **Child’s Strengths** |
| *Describe the child’s strengths.* |
| **Reason for Referral** |
| *Describe any concerns that you have or any recent changes in the child’s academic progress, development, or behavior (e.g., attendance, difficulties with school work, difficulties with adults or peers, changes in concentration or activity level, inattention, disruptive behavior, withdrawn, etc.)* |
| **Has the child ever been evaluated/assessed/tested for special education? ☐ Yes ☐ No (skip to next section)** By whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has there been significant documented change in the child’s home or school environment or overall adjustment? ☐ Yes ☐ No** If yes, explain: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has the child’s attendance been irregular? ☐ Yes ☐ No** If yes, explain: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_Number of schools attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grades retained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **COGNITIVE AND ACADEMIC CONCERNS** |
| *Please attach any applicable academic records available that highlight your concerns about the child’s cognitive and/or academic progress such as State and/or district-wide assessment data (MCT, PARCC scores), grade reports, universal screening data, Tier intervention records, progress monitoring charts, work samples, etc.* |
| **Cognitive Concerns** |
| **Can the child understand and follow directions? ☐ Yes ☐ No**  **If yes:** *Indicate:*  **☐** One-step directions only  **☐** Two-step directions  **☐** Multi-step directions **If no:** *Describe any additional support the child requires to understand and follow directions.* |
| *Describe any concerns you have about the child’s cognitive abilities.*☐ commensurate with same age peers ☐ below same age peers. *Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   |
| **Academic Concerns** |
| **Indicate any academic areas in which the child is having difficulties:** |
| ☐ Written expression☐ Listening comprehension ☐ Oral expression | ☐ Basic reading skills ☐ Reading comprehension☐ Reading fluency  | ☐ Math calculation ☐ Math problem solving  |
| *Describe the specific problems the child is having in any area(s) indicated.* |
| **Does the child know learning expectations (e.g., learning goals and demonstration of mastery)? ☐ Yes ☐ No** *Describe how you communicate these expectations to the child.* |
| **Indicate all instructional methods that engage the child and support his/her successful learning:** |
| ☐ independent seatwork☐ independent reading ☐ child-directed activities | ☐ whole class instruction ☐ whole class discussions☐ highly-structured activities  | ☐ cooperative/small group learning ☐ small group activities/projects ☐ one-on-one/peer-assisted learning  |
| *Describe how the child participates in the classroom.* |
| **Can the child complete classroom assignments with typical instruction and guidance? ☐ Yes ☐ No** |
| *Describe the child’s learning needs (compared to other children his/her age):* |
| How much explanation does s/he need? How much guided practice does s/he need? How much independent practice does s/he need? How much feedback does s/he need?  | ☐ less than most ☐ less than most☐ less than most☐ less than most | ☐ about the same☐ about the same☐ about the same☐ about the same  | ☐ more than most☐ more than most ☐ more than most ☐ more than most  |
| *Describe the child’s learning behaviors (compared to other children his/her age):* |
| How much initiative does s/he demonstrate?How conscientious or attentive to detail is s/he? How much persistence does s/he demonstrate? How often does s/he ask for assistance? | ☐ less than most ☐ less than most☐ less than most☐ less than most | ☐ about the same☐ about the same☐ about the same☐ about the same  | ☐ more than most☐ more than most ☐ more than most ☐ more than most  |
|  *Describe any additional support(s) and/or modification(s) the child requires to complete classroom assignments.* |
| **Statewide and District Assessment Results** |
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| Test | Date of Test \_\_\_/\_\_\_ | Date of Test \_\_\_/\_\_\_ | Date of Test \_\_\_/\_\_\_ |
| Reading/Language Arts |  Score  |  Score  |  Score  |
| ❑ MCT-2, PARCC❑ English II❑ MAAECF |  | ❑ MCT-2, PARCC❑ English II❑ MAAECF |  | ❑ MCT-2, PARCC❑ English II❑ MAAECF |  |
| Math | ❑ MCT-2, PARCC❑ Algebra I ❑ MAAECF |  | ❑ MCT-2, PARCC❑ Algebra I ❑ MAAECF |  | ❑ MCT-2, PARCC❑ Algebra I ❑ MAAECF |  |
| Science | ❑ 5th & 8th grade Science Test❑ Biology I❑ MAAECF |  | ❑ 5th & 8th grade Science Test❑ Biology I❑ MAAECF |  | ❑ 5th & 8th grade Science Test❑ Biology I❑ MAAECF |  |
| Other | ❑ 4th & 7th grade Writing Test❑ U.S. History |  | ❑ 4th & 7th grade Writing Test❑ U.S. History |  | ❑ 4th & 7th grade Writing Test❑ U.S. History |  |

(ex. TABE, MAP, DRA, DAR, etc.)

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| Test:  | Date of Test \_\_\_/\_\_\_ | Date of Test \_\_\_/\_\_\_ | Date of Test\_\_\_/\_\_\_ |
|  | Score | Score | Score |
| Subject: |  |  |  |
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| **ADAPTIVE CONCERNS** |
| *Describe any concerns you have about the child’s adaptive functioning and daily living skills (e.g., self-care skills, community living skills, self-direction, etc.).* ☐ commensurate with same age peers ☐ below same age peers. *Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   |
| **MEDICAL/PHYSICAL CONCERNS** |
| **General Health** |
| **Has the child had any significant medical conditions and/or accidents? ☐ Yes ☐ No (skip to next question)***Describe any concerns.* |
| **Does the child take any regular medications? ☐ Yes ☐ No (skip to next question)***List and describe any side effects noted.* |
| **Does the child receive physical or occupational therapy? ☐ Yes ☐ No (skip to next question)**☐ PT – Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ OT – Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Hearing and Vision** |
| **Indicate results of the vision and hearing screening:**☐ Hearing Results: ☐ pass ☐ fail Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Vision Results: ☐ pass ☐ fail Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does the child use devices to assist with hearing and/or vision? ☐ Yes ☐ No (skip to next question)**☐ Hearing aids (when acquired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ☐ Glasses (when acquired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**Does the child wear the device(s) on a regular basis in the classroom? ☐ Yes ☐ No** |
| **Motor Skills** |
| *Describe any concerns you have about the child’s fine motor skills (e.g., difficulty copying, spacing, writing within lines, grasping reflex, fastening clothes, etc.)* ☐ commensurate with same age peers ☐ below same age peers. *Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| *Describe any concerns you have about the child’s gross motor skills (e.g., hopping, jumping, balance, unusual gait, use of walker/wheelchair, etc.)* ☐ commensurate with same age peers ☐ below same age peers. *Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| **COMMUNICATION CONCERNS** |
| **Does the child receive speech or language therapy? ☐ Yes ☐ No (skip to next question)**Frequency: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **What is the child’s primary means of communication?**  **☐** Verbal **☐** Gestures  **☐** Sign Language **☐** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does the child express his/her wants/needs/ideas appropriately for his/her age?** **☐** Yes (skip to next question) **☐** No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Describe any additional concerns you have about the child’s language or speech development and skills (e.g., voice is always hoarse/harsh/breathy, voice is too loud/soft, speaks too fast/slow, stuttering, etc.)* |
| **SOCIAL, EMOTIONAL, AND BEHAVIORAL CONCERNS** |
| **Does the child know the classroom rules and behavior expectations? ☐ Yes ☐ No***Describe how you communicate these rules and expectations to the child.* |
| **Does the child receive social skills instruction or counseling services? ☐ Yes ☐ No (skip to next question)** **☐** social skills instruction – frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **☐** counseling services – frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Indicate if the child has had any of the following difficulties:** |
| ☐ difficulty making friends ☐ aggression/fighting ☐ withdrawn or keeps to self ☐ inflexible/difficulty compromising ☐ refrains from physical contact☐ engaging in teasing/bullying  behavior ☐ extremely fearful or nervous ☐ depressed or very unhappy ☐ self-injurious (e.g., cutting) ☐ unwarranted self-blame/criticism ☐ does not speak in class | ☐ being a victim of teasing/bullying☐ anxious in groups of people☐ fearful of speaking in social situations ☐ insensitive to others’ emotions/needs☐ does not interact well in groups ☐ cries easily or whines frequently ☐ easily frustrated ☐ suicidal thoughts☐ out of touch with reality☐ frequently complains of aches/pains | ☐ explosive/angry outbursts☐ obsessive/compulsive behaviors☐ repetitive behaviors (e.g.,  rocking) ☐ stealing or lying☐ denies mistakes/blames others☐ abusive to others☐ cheating on assignments/tests☐ defiance/oppositional behavior☐ destructive behavior☐ truancy/cuts classes  |
| **Describe the child’s behaviors (compared to other children his/her age):** |
| How active is the child?How well does the child pay attention? How does the child handle change? How does the child respond to new  things?How strong are the child’s emotions?How moody is the child?How predictable is the child? | ☐ less active than others☐ less distracted than others☐ handles change easily☐ readily accepts new things☐ passive/indifferent☐ very easygoing☐ unpredictable | ☐ about the same☐ about the same☐ about the same☐ about the same☐ about the same☐ about the same☐ about the same  | ☐ more active☐ easily distracted ☐ resists change☐ resists new things ☐ very intense☐ very changeable☐ rigid routines  |
| *Describe any additional concerns you have about the child’s social/emotional/behavioral functioning.* |
| **Disciplinary Actions** |
| **Has the child ever:**☐ been suspended from school? **☐ Yes ☐ No**  ☐ been expelled from school? **☐ Yes ☐ No** \*\****Attach any office referrals or behavior logs.*** |
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| **Form completed by: (please print)** |
| **Date completed:** |
| **Form Updated by:**  | **Date Form Updated:** |
| **Form Updated by:** | **Date Form Updated:** |

**(OPTIONAL FORM) Characteristics: Please check those characteristics that the student exhibits consistently and in relation to the other students in your classroom. If the child exhibits none of the characteristics, check “no problems observed.” Please circle the appropriate characteristic(s) if there are multiple options per item. Written explanation and/or additional explanation may be requested at the MET meeting.**

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| **General Physical No problems noted.** |
|  | Always complains of feeling sick |  | Takes prescription medicine |  | Has improper eye movements |
|  | Is continually thirsty |  | Wears glasses |  | Seizures observed in classroom |
|  | Has fluid draining from ears |  | Complains of double/blurred vision |  | Often has bruises on body |
|  | Wears hearing aids |  | Frequently squints/rubs eyes |  | Tics – involuntary movements/noises |
|  | Has frequent earaches |  | Eating problems |  | Has a serious illness |
|  | Complains of not being able to see the board |  | Holds printed material too close/too far away |  | Health problems that require special care |
|  | Other (Specify): |

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| **Gross Motor No problems noted.** |
|  | Difficulty going up/down stairs, alternating feet |  | Difficulty throwing a ball |  | Has unusual gait |
|  | Problems with lower body motor movement |  | Difficulty catching a ball |  | Problems with balancing |
|  | Problems with upper body motor movement |  | Difficulty hopping, skipping, or jumping |  | Uses walker/wheelchair |
|  | Other (Specify): |

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| **Fine Motor No problems noted.** |
|  | Problems with reaching/retaining motions |  | Problems with grasping reflex |  | Difficulty copying letters/numbers/words |
|  | Cannot transfer objects hand to hand |  | Difficulty holding crayon/pencil |  | Difficulty spacing |
|  | Difficulty cutting paper with scissors |  | Difficulty building a tower of blocks |  | Other (Specify): |
|  | Difficulty tying/buttoning/zipping |  | Difficulty staying in lines when writing |

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| **Social Skills No problems noted.** |
|  | Rarely interacts with others |  | Engages in rocking/repetitive movements |  | Does not join in group |
|  | Is frequently alone at lunch/recess |  | Unaware/takes no interest in other people |  | Does not share with others |
|  | Is frequently teased by others |  | Does not recognize another’s feelings |  | Does not apologize |
|  | Usually withdraws from touch |  | Cannot deal with being left out |  | Does not express own feelings |
|  | Does not ask for help |  | Does not accept “no” as an answer |  | Other (specify): |
|  | Does not look at person talking |  | Does not accept consequences of own actions |

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| **Adaptive Behavior No problems noted.** |
|  | Need for a high degree of supervision |  | Unable to wash/dry hands independently |  | Not toilet trained |
|  | Immature for his/her age |  | Inadequate skills in exchange of money |  | Inadequate skills in telling time |
|  | Has only younger playmates |  | Inadequate skills in using telephone |  |  |
|  | Constant thumb/finger sucking |  | Does not engage in independent community skills |
|  | Constant hair chewing |  | Inadequate skills in appropriate personal hygiene |
|  | Difficulty feeding self |  | Lacks daily living skills such as sweeping, mopping, using washer/dryer, etc. |
|  | Other (Specify): |

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| **Behavior No problems noted.** |
|  | Unable to interact with minimal friction |  | Frequently quarrels, pouts, or sulks |  | Difficulty staying on task |
|  | Denies mistakes/blames others |  | Insults other students/adults |  | Easily frustrated |
|  | Prefers to be alone or isolated |  | Acts before thinking/impulsive |  | Easily loses temper |
|  | Frequently found to be untruthful |  | Yells at other students/adults |  | Teases others |
|  | Mute/refuses to speak |  | Fails to complete assignments |  | Bullies others |
|  | Threatens other students |  | Fails to turn in homework |  | Interrupts others |
|  | Puts down peers |  | Refuses to complete work |  | Fails to bring materials to class |
|  | Difficulty paying attention to a task, extracurricular activity, or academics |
|  | Disciplinary actions have been initiated by principal or other school authorities |
|  | Oppositional/resistant/noncompliant/negative/defiant  |
|  | Disciplinary actions initiated through juvenile court system |
|  | Other (Specify): |

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| **Emotional No problems noted.** |
|  | Upset by ANY change in routine |  | Talks about suicide or death wishes |  | Unresponsiveness |
|  | Pronounced fear of failure |  | Exhibits unwarranted self-blame/self-criticism |  | Shows excessive fears of specific objects |
|  | Irritable for greater part of day |  | Performs obsessive/compulsive behaviors |  | Engages in self-destructive behaviors |
|  | Appears withdrawn from peers |  | Changes mood for no apparent reason |  | Rarely laughs or smiles |
|  | Depressed for most of the day |  | Creates imaginary/fantasy situations in an attempt to escape reality  |
|  | Has attempted suicide  |  | Tells of extremely strange/illogical thoughts or fears |
|  | Has experienced significant changes in activity levels or concentration or school grades or interests |
|  | Other (Specify): |

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| **Receptive Language No problems noted.** |
|  | Difficulty comprehending new ideas |  | Does not understand vocabulary words related to the curriculum |
|  | Does not comprehend questions |  | Does not understand age-appropriate vocabulary |
|  | Does not understand spoken directions |  | Does not understand information in class that is presented orally |
|  | Cannot identify simple objects |  | Does not follow multi-step directions |
|  | Does not demonstrate use of position words such as on, under, front, behind, beside, over, etc. |
|  | Other (Specify): |

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| **Expressive Language No problems noted.** |
|  | Difficulty organizing thoughts |  | Nonverbal |  | Uses oral grammar incorrectly |
|  | Does not use age appropriate grammar |  | Difficulty asking questions |  | Hesitant to engage in verbal interaction |
|  | Difficulty finding the right words |  | Silent much of the time |  | Difficulty giving directions |
|  | Does not tell definitions of words |  | Cannot retell a story |  | Difficulty telling a story |
|  | Difficulty putting thoughts down on paper |  | Does not use spoken compound sentences |  | Does not name objects/actions in pictures |
|  | Uses immature words |  | Uses immature sentence patterns |
|  | Verbal responses do not relate to questions asked or subject under discussion |
|  | Other (Specify): |

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| **Speech No problems noted.** |
| Articulation | Voice | Fluency |
|  | Substitutes one sound for another |  | Too loud or too soft |  | Rate of delivery too fast or too slow |
|  | Omits sounds |  | Consistently hoarse/harsh/breathy |  | Disruption in normal flow of speech |
|  | Distorts sounds |  | Nasal sounding – like a constant cold |  | Words prolonged |
|  | Difficulty sequencing sounds |  | Pitch too high or too low |  | Excessive repetition syllable/sound/word |
|  | Difficult to understand |  | Voice “lost” by end of or during day |  | Interferes with daily communication |
|  | Able to self-correct errors |  | Quality makes difficult to understand |  | Inserts unnecessary words into speech |
|  | Uses dialect |  | Quality resulting from culture |  |  |
|  | If additional characteristics are noted in any area of speech, please specify: |

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| **Visual Perception No problems noted.** |
|  | Visual tracking difficulties |  | Transposes letters |  | Prefers auditory activities |
|  | Visually confuses objects/letters/numbers |  | Confuses left to right on pencil/paper activities |  | Difficulty identifying shapes in various sizes and positions |
|  | Difficulty discriminating between words with similar appearance |  | Difficulty completing missing details in objects or pictures |  | Difficulty in copying assignments from board to desk/book to paper |
|  | Continues to demonstrate difficulty in reversing or inverting letters of alphabet after age 6 |
|  | Other (Specify):  |

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| **Auditory Perception No problems noted.** |
|  | Difficulty understanding spoken directions |  | Does not orally form phrase/sentence correctly |
|  | Difficulty sounding out word, sound by sound |  | Does not retain auditory stimuli |
|  | Difficulty identifying rhyming words |  | Other (Specify):  |
|  | Difficulty sequencing syllables/letters in speaking and/or reading and/or oral spelling |