

# WEST SHORE SCHOOL DISTRICT



Jemry L. Small  
Superintendent of Schools

## Teacher Input for GIEP Planning

Student Name:  
Teacher Name/Course:  
Date Completed:

Return By:  
Return To:

**Thank you in advance for your time. Your information is important.**

Include the information that will help with the planning for this student. If there is something that does not apply, just indicate NA.

Please rate the student as **Below Average, Average or Above Average** in the Following areas **AS COMPARED WITH OTHER GRADE LEVEL STUDENTS:**

Item-				Give 1Example
Level of Background Knowledge	<input type="checkbox"/> Below	<input type="checkbox"/> Average	<input type="checkbox"/> Above	
Rate of Acquisition	<input type="checkbox"/> Below	<input type="checkbox"/> Average	<input type="checkbox"/> Above	
Rate of Retention	<input type="checkbox"/> Below	<input type="checkbox"/> Average	<input type="checkbox"/> Above	
Level of Participation	<input type="checkbox"/> Below	<input type="checkbox"/> Average	<input type="checkbox"/> Above	
Content Comprehension	<input type="checkbox"/> Below	<input type="checkbox"/> Average	<input type="checkbox"/> Above	
Homework Completion	<input type="checkbox"/> Below	<input type="checkbox"/> Average	<input type="checkbox"/> Above	
Ability to generate new information	<input type="checkbox"/> Below	<input type="checkbox"/> Average	<input type="checkbox"/> Above	
Ability to utilize a variety of higher order thinking skills	<input type="checkbox"/> Below	<input type="checkbox"/> Average	<input type="checkbox"/> Above	
Test/Project/Quiz Average	<b>Grade:</b>			<b>N/A</b>

***List currently used enrichment strategies***

<b>Strategy/amount of time this has been offered</b>	<b>Comments</b>	<b>Does the student take advantage of the strategies?</b>	
Opportunities for extension/enrichment of content/skills		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preview/review of content concepts/skills		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alternate forms of assessments and/or assignments		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Opportunities to integrate technology		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Opportunities to create/present projects for various audiences		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Opportunities for independent or small group study		<input type="checkbox"/> Yes	<input type="checkbox"/> No

***List academic strengths as well as additional talents/special interests that the student has (e.g. completes all work; listens; grades; good with math; etc):***

1.
2.

***List functional strengths (e.g. can organize materials; comes to class prepared; respects others; etc):***

1. Individual Performance:
2. Group Performance:
3. Leadership Skills:
4. Work Ethic and willingness to go beyond required work:
5. Extracurricular Activities:
6. Other:

***List any functional needs (e.g. many prompts to stay on task; reminders to stay quiet; typing; listen better in class; etc)***

1.
2