

TEACHER NARRATIVE

PERSONAL DATA				
Child's Name:	Race/Ethnicity:	Gender:	DOB:	
District/School:	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? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)				
Language(s)	Child		Parent(s)/Guardian(s)	
	Understands	Speaks	Understands	Speaks
English				
History of Parent Contacts				
Has the child's parent(s) requested a comprehensive evaluation or "testing" for the child verbally or in writing? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)				
Date	Reason for Contact		Results	
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work, difficulties with adults or peers, changes in concentration or activity level, inattention, disruptive behavior, withdrawn, etc.).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? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)				
By whom: _____			When: _____	
Results: _____				

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 districtwide assessment data (MCT 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 (e.g., memory, problem-solving, imagination, etc.).

Academic Concerns

Indicate any academic areas in which the child is having difficulties:

☐ Listening comprehension

☐ Basic reading skills

☐ Mathematics calculation

☐ Oral expression

☐ Reading fluency skills

☐ Mathematics reasoning

☐ Written expression

☐ Reading comprehension

☐ Other: _____

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

☐ whole class instruction

☐ cooperative/small group learning

☐ independent reading

☐ whole class discussions

☐ small group activities/projects

☐ child-directed activities

☐ highly-structured activities

☐ 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?

☐ less than most

☐ about the same

☐ more than most

How much guided practice does s/he need?

☐ less than most

☐ about the same

☐ more than most

How much independent practice does s/he need?

☐ less than most

☐ about the same

☐ more than most

How much feedback does s/he need?

☐ less than most

☐ about the same

☐ more than most

Describe the child's learning behaviors (compared to other children his/her age):

How much initiative does s/he demonstrate?

☐ less than most

☐ about the same

☐ more than most

How conscientious or attentive to detail is s/he?

☐ less than most

☐ about the same

☐ more than most

How much persistence does s/he demonstrate?

☐ less than most

☐ about the same

☐ more than most

How often does s/he ask for assistance?

☐ less than most

☐ about the same

☐ more than most

Describe any additional support(s) and/or modification(s) the child requires to complete classroom assignments.

ADAPTIVE CONCERNS

Describe any concerns you have about the child's adaptive functioning and daily living skills.

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)
Describe any impacts noted.

Does the child receive physical or occupational therapy? ☐ Yes ☐ No (skip to next question)
☐ PT - frequency: _____
☐ OT - frequency: _____

Hearing and Vision

Has the child been screened for hearing and/or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing only ☐ Vision only ☐ Hearing and vision
Hearing results: _____
Vision results: _____

Does the child use devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing aids (when acquired: _____) ☐ Glasses (when acquired: _____)

Describe any concerns you have about the child's hearing or vision.

Motor Skills

Describe any concerns you have about the child's gross motor skills, fine motor skills, and/or physical development.

COMMUNICATION CONCERNS

Does the child receive speech or language therapy? ☐ Yes ☐ No (skip to next question)
Frequency: _____

Does the child seem to understand what is said to her/him? ☐ Yes (skip to next question) ☐ No
Explain:

Does the child express his/her wants/needs/ideas/feelings appropriately for her/his age?
☐ Yes (skip to next question) ☐ No
Explain:

Does the child misarticulate speech (e.g., omissions, substitutions, distortions, additions)?
☐ Yes ☐ No (skip to next question)
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

Please attach any applicable behavioral records that highlight your concerns about the child's social/emotional/behavioral progress such as attendance records, office referrals, disciplinary actions, universal screening data, Tier intervention records, progress monitoring charts, behavior intervention plans, etc.

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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Difficulty making friends | <input type="checkbox"/> Being a victim of teasing/bullying | <input type="checkbox"/> Engaging in teasing/bullying behavior |
| <input type="checkbox"/> Aggression/fighting | <input type="checkbox"/> Anxious in groups of people | <input type="checkbox"/> Fearful of speaking in social settings |
| <input type="checkbox"/> Withdrawn or keeps to self | <input type="checkbox"/> Inflexible/difficulty compromising | <input type="checkbox"/> Insensitive to others' emotions/needs |
| <input type="checkbox"/> Does not speak in class | <input type="checkbox"/> Refrains from physical contact | <input type="checkbox"/> Does not interact well in groups |

Describe any concerns you have about the child's ability to get along with peers.

Indicate if the child has had any of the following difficulties:

- | | | |
|---|--|---|
| <input type="checkbox"/> Extremely fearful or nervous | <input type="checkbox"/> Cries easily or whines frequently | <input type="checkbox"/> Frequently complains of aches/pains |
| <input type="checkbox"/> Depressed or very unhappy | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Explosive/angry outbursts |
| <input type="checkbox"/> Self-injurious (e.g., cutting) | <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Obsessive/compulsive behaviors |
| <input type="checkbox"/> Unwarranted self-blame/criticism | <input type="checkbox"/> Out of touch with reality | <input type="checkbox"/> Repetitive behaviors (e.g., rocking) |

Describe any concerns you have about the child's emotional functioning.

Describe the child's behavior (compared to other children his/her age):

- | | | | |
|---|--|---|---|
| How active is the child? | <input type="checkbox"/> less active than others | <input type="checkbox"/> about the same | <input type="checkbox"/> more active |
| How well does the child pay attention? | <input type="checkbox"/> less distracted than others | <input type="checkbox"/> about the same | <input type="checkbox"/> easily distracted |
| How does the child handle change? | <input type="checkbox"/> handles change easily | <input type="checkbox"/> about the same | <input type="checkbox"/> resists change |
| How does the child respond to new things? | <input type="checkbox"/> readily accepts new things | <input type="checkbox"/> about the same | <input type="checkbox"/> resists new things |
| How strongly are the child's emotions? | <input type="checkbox"/> passive/indifferent | <input type="checkbox"/> about the same | <input type="checkbox"/> very intense |
| How moody is the child? | <input type="checkbox"/> very easygoing | <input type="checkbox"/> about the same | <input type="checkbox"/> very changeable |
| How predictable is the child? | <input type="checkbox"/> unpredictable | <input type="checkbox"/> about the same | <input type="checkbox"/> rigid routines |

Indicate if the child has had any of the following difficulties:

- | | | |
|--|--|---|
| <input type="checkbox"/> Stealing or lying | <input type="checkbox"/> Suspected gang involvement | <input type="checkbox"/> Defiance/oppositional behavior |
| <input type="checkbox"/> Suspected drug/alcohol abuse | <input type="checkbox"/> Abusive to others | <input type="checkbox"/> Destructive behavior |
| <input type="checkbox"/> Denies mistakes/blames others | <input type="checkbox"/> Cheating on assignments/tests | <input type="checkbox"/> Truancy/cuts classes |

Describe any additional concerns you have about the child's behavior.

Disciplinary Actions

Has the child ever:

☐ been suspended from school (*indicate the reason for each suspension and the total days of each suspension*)

- reason: _____ days: _____

- reason: _____ days: _____

- reason: _____ days: _____

- reason: _____ days: _____

☐ been expelled from school (*indicate the reason for expulsion and the amount days of expulsion*)

- reason: _____ days: _____

- reason: _____ days: _____

ADDITIONAL INFORMATION

Please attach any additional information that would help us understand the child and his/her difficulties better.

Form completed by _____

Date completed _____

(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.

General Physical <input type="checkbox"/> 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):			

Gross Motor <input type="checkbox"/> 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):			

Fine Motor <input type="checkbox"/> 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/zippping	Difficulty staying in lines when writing		

Social Skills <input type="checkbox"/> 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		

Adaptive Behavior <input type="checkbox"/> 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):			

Behavior <input type="checkbox"/> 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):			

Emotional <input type="checkbox"/> 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):			

Receptive Language <input type="checkbox"/> 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):			

Expressive Language <input type="checkbox"/> 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):			

Speech <input type="checkbox"/> 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:					

Visual Perception <input type="checkbox"/> 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):			

Auditory Perception <input type="checkbox"/> 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			