

ELD Intervention Program: Teacher Form

Student Name: _____ Grade: _____

Teacher Name: _____

Date Completed: _____

Completed: Interviewed by: _____ Independently

To better serve the needs of the students in the ELD Intervention program, please complete the following information.

1. Student strengths in the following areas:

- Academic

- Behavior

- Social/Personal

2. Student needs in the following areas:

- Academic

- Behavior

- Social/Personal

3. In addition to the ELD profile, what information do you have about the student's ELD skills in the following areas?

- Listening/Speaking

- Reading

- Writing

4. What strategies have you used and/or what additional intervention services do you believe will accelerate student growth in these areas?

- Listening/Speaking

- Reading

- Writing

5. What additional services is the student currently receiving, if any?

Other Comments/Concerns: