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:**

*Lennox School District*

*Updated 2/11/09*