

Word Detectives: Teacher Input Form

Today's Date: _____

Child's Full Name: _____ Age: _____

Name of School: _____ Grade: _____

This form has been completed by (name & role): _____

Email address: _____ Phone number _____

1. Please characterize this student's current reading ability.

2. What types of approaches have been effective in teaching this student to read thus far?

3. What do you consider to be this child's strengths?

4. How does this child typically cope with frustration?

5. Which learning environment is most optimal for reading instruction for this child: large group (more than 5 students), small group (5 or fewer students) or individual?

6. What is your recommended reading level for this child?

**Speech Language
and Hearing Center**

7. Consider the developmental domains below, please indicate the extent to which this child needs teacher support in each area.

<i>Area of Development</i>	<i>Minimal Support</i>	<i>Some Support</i>	<i>Significant Support</i>	<i>Intense Support</i>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Regulation (e.g. persistence & engagement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Classroom Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				