

**Colonial School District
English as a Second Language**

Teacher Input Form

TO: _____ FROM: _____ DATE: _____
Classroom Teacher ESL Teacher

Student Name _____ ESOL LEVEL _____

The purpose of this form is to indicate areas where you find this student needs to concentrate in order to be successful in the regular classroom. Please note any problems or difficulties this student may be having.

Please mark below in the appropriate space how you perceive the student's participation in the classroom environment by writing "yes" or "no". Please include comments as you see fit.

	Y or N	Comments
1. Completes my class and homework assignments	_____	
2. Passes tests in my class	_____	
3. Participates in my classroom discussions	_____	
4. Follows directions	_____	
5. Student uses adequate aural/oral English skills in my class	_____	
6. Student uses adequate English writing skills for subject area(s) in my class	_____	
7. Student's reading skills in English are adequate to handle materials in my class	_____	
8. Student communicates with relative ease	_____	
9. Student uses complex sentences	_____	
10. Student understands directions	_____	

Please provide this student's current grade in your class _____

What would you like the ESL Teacher to help this student with during the coming weeks or months?

Additional Comments:

Please return this form to the ESL Teacher ASAP. Thank you.