TUNICA COUNTY SCHOOL DISTRICT

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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work, difficulties with adults or peers, changes in concentration or activity level, inattention, disruptive behavior, withdrawn, etc.).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? ☐ Yes ☐ No (skip to next section)

By whom: _____ When: _____

Results: _____

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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.

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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.

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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:

☐ Difficulty making friends	☐ Being a victim of teasing/bullying	☐ Engaging in teasing/bullying behavior
☐ Aggression/fighting	☐ Anxious in groups of people	☐ Fearful of speaking in social settings
☐ Withdrawn or keeps to self	☐ Inflexible/difficulty compromising	☐ Insensitive to others' emotions/needs
☐ Does not speak in class	☐ Refrains from physical contact	☐ 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:

☐ Extremely fearful or nervous	☐ Cries easily or whines frequently	☐ Frequently complains of aches/pains
☐ Depressed or very unhappy	☐ Easily frustrated	☐ Explosive/angry outbursts
☐ Self-injurious (e.g., cutting)	☐ Suicidal thoughts	☐ Obsessive/compulsive behaviors
☐ Unwarranted self-blame/criticism	☐ Out of touch with reality	☐ 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?	☐ less active than others	☐ about the same	☐ more active
How well does the child pay attention?	☐ less distracted than others	☐ about the same	☐ easily distracted
How does the child handle change?	☐ handles change easily	☐ about the same	☐ resists change
How does the child respond to new things?	☐ readily accepts new things	☐ about the same	☐ resists new things
How strongly are the child's emotions?	☐ passive/indifferent	☐ about the same	☐ very intense
How moody is the child?	☐ very easygoing	☐ about the same	☐ very changeable
How predictable is the child?	☐ unpredictable	☐ about the same	☐ rigid routines

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

☐ Stealing or lying	☐ Suspected gang involvement	☐ Defiance/oppositional behavior
☐ Suspected drug/alcohol abuse	☐ Abusive to others	☐ Destructive behavior
☐ Denies mistakes/blames others	☐ Cheating on assignments/tests	☐ 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** _____

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(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 ☐ **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 ☐ **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 ☐ **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/zipping	☐	Difficulty staying in lines when writing		

Social Skills ☐ **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 ☐ **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 ☐ **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):				

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Emotional ☐ **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 ☐ **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 ☐ **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 ☐ **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 ☐ **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 ☐ **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		

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