

TEACHER INTAKE FORM FOR LEARNER INTERVENTION

Teachers: please complete form as best as you can. Date: _____

Student Name _____ Age of Student _____ US Born ELL

Teacher Name _____ ABE Program _____

Program Address _____

Teacher Phone Number _____ Teacher Email _____

Teacher's Main Concern: _____

What ABE/ELL class level is the student currently in? _____ How long in your program? _____

Number of hours of class per week _____

Entrance CASAS/TABE scores and date taken: _____

List last two CASAS/TABE/GED scores and dates taken below:

CASAS			TABE			GED – Practice/Formal		
Date	Form	Score	Date	Form	Score	Date	Test Taken	Test Score

What strategies have worked? What has not worked? _____

Describe any behavioral problems observed, i.e. trouble with recall, distractible, poor social skills, etc.: _____

ADDITIONAL TEACHER QUESTIONS IF ELL STUDENT

Place of Birth: _____ First Language: _____

How long in the U.S.? _____ What age/year did the student begin learning English? _____

Did student attend school in their native country? _____

Did student learn to read in their native language? _____

Is rate/manner of student's English ability different from peers of similar educational background from the same country?

Yes No

Please circle student's English skills as compared to students in your class:

Writing: Poor, Fair, Good, Advanced **Verbal:** Poor, Fair, Good, Advanced

Reading: Poor, Fair, Good, Advanced

How did you learn about PANDA services? _____