



Educator Intake Form

Dear Professional,

This student, _____, will be participating with our agency on for social skills support. It will be of great benefit to us if you fill out the information below based on your own experience with this student. Please return this completed form to us via mail, email or fax to:

TDS Speech Pathology Associates
232 North Main Street, Lower Level
East Longmeadow, MA 01028
tdsspeech@verizon.net
fax: 413-525-6620

Your name _____ Date _____

Relationship to the student _____

Please circle how you feel this student does in your setting in the following areas:

Reading decoding	Above grade level	At grade level	Below grade level	Not observed
Reading comprehension	Above grade level	At grade level	Below grade level	Not observed
Written expression	Above grade level	At grade level	Below grade level	Not observed
Participation as part of a large group during class discussion/lecture	Above grade level	At grade level	Below grade level	Not observed
Participation as part of a small work group in class	Above grade level	At grade level	Below grade level	Not observed
Making and keeping friends during free time	Above grade level	At grade level	Below grade level	Not observed

Ability to ask for help in class	Above grade level	At grade level	Below grade level	Not observed
Organizational skills in class	Above grade level	At grade level	Below grade level	Not observed
Organizational skills from home to school and back	Above grade level	At grade level	Below grade level	Not observed

Does this child stand out as unique in his/her interpersonal skills, either in class or out of class?

yes no If yes, please explain _____

Do you anticipate that this student will encounter more challenges in future school years?

yes no If yes, please explain _____

Any additional information you would like to share?

Thank you in advance for your time and attention. We are confident that your input will assist us in best helping this student.