



Teacher Follow-Up Form

Fall_____Spring_____

Student's Name_____ Date:_____ School:_____

Class:_____ Section_____ Teacher_____ Grade:_____

Case Carrier:_____

How is the student doing in your class? Great Good Passing Failing

Have you had any issues with this student? Yes None

(If issues) Have you spoken to: ROP Coordinator Sped Case Carrier Parent ROP admin Assessment

Attendance: Perfect Good Poor

Assignments: Turned in On time Well done Incomplete Not done

What are the students' strengths? Hard worker Good technical skills Positive attitude

Tries hard Great work ethic Dependable Responsible Self-starter
Other:_____

What are the areas the student needs to work on? Pay attention Be on time Needs motivation

Following directions Social skills Organization Other _____

Is this student employable in this field? Yes No Not yet

If so, what would be the appropriate level of employment? Experienced Apprentice Entry Level

If student is not employable in this field, what do you recommend for future training?

additional training in this field repeat ROP class advanced technical training

student not interested in this field: will need further re-assessment of vocational goals or interests

on the job training job coach prior to employment other:_____

Will this student be placed in a community classroom?

Yes (where?)_____ No (why?)_____

Will this student receive a certificate of completion from your class? Yes No Maybe

Certificate of Achievement?

Attendance Award?

Additional Comments:
