

CONSULTATION MONITORING RECORD
Greene County Schools

REGARDING: _____
Student's Name _____ Grade _____

TO: _____ Subject/Course: _____
Teacher

FROM: _____ Date: _____
Special Services Teacher

Student.....	Yes ,	Sometimes	No
Is Attending Class Regularly	___	___	___
Gets To Class On Time	___	___	___
Is Maintaining A Passing Grade	___	___	___
Is Maintaining An Average Grade	___	___	___
Brings Books And Materials To Class	___	___	___
Completes Assignment In Class	___	___	___
Hands In Completed Homework	___	___	___
Is Able To Follow Directions	___	___	___
Is Cooperative With Teacher	___	___	___
Is Cooperative With Fellow Students	___	___	___
Is Maintaining Proper Behavior	___	___	___
Keeps Up With The Rest Of The Class	___	___	___
Is Having Difficulty, But Is Keeping Up With Extra Help	___	___	___
Is Having Much Difficulty And Needs More Help Than I Can Provide	___	___	___

COMMENTS: (Positive and/or Negative) _____

Support I may need (please indicate what would best help you in your particular situation).

- _____ 1. Help in modifying methods.
- _____ 2. Help in modifying pacing.
- _____ 3. Help in modifying materials.
- _____ 4. Suggestions for behavior management.
- _____ 5. Weekly or biweekly conference with special services teacher regarding student progress.
- _____ 6. Weekly checklist to maintain communication between us.
- _____ 7. Other _____