

## Expanded Learning Teacher Survey

This year the after school program will be intensively monitoring 15 students in the after school program. We plan to utilize teacher input as we design their individual literacy plans. Please take a few minutes to help us learn more about

\_\_\_\_\_.

Thank you in advance,

\_\_\_\_\_

Regular day teacher name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to reach me: \_\_\_\_\_

1. This student is strong in the following:

2. This student is weaker in the following:

3. I use the following academic materials in my classroom:

4. This student is currently receiving the following services (please check all that you know):

- |                               |   |
|-------------------------------|---|
| <input type="checkbox"/> GATE | <input type="checkbox"/> Counseling     |
| <input type="checkbox"/> RSP  | <input type="checkbox"/> Nurse Services |
| <input type="checkbox"/> SDC  | <input type="checkbox"/> SST/SAP        |
| <input type="checkbox"/> ELD  | <input type="checkbox"/> Other _____    |

5. This student is a positive role model in my classroom:

Never

Sometimes

Usually

Always

6. Something else I think you should know is: (please use back of page if necessary).