Extended School Services
ESS Teacher Communication Tool

Student: __________________________ Date: ____________________

Referring Teacher: ________________________________________________________

To Be Completed By Referring Teacher:

Skill area of need: (check/list the priority area)
____ Language Arts  ____ Math  ____ Science  ____ Social Studies  ____ Other

________________________________________________________________________

Specific problem in skill area
(Ex. Multiplying by 3-digit number with regrouping)

________________________________________________________________________

Material to be used (check/list all that apply)
____ Textbook (page[s] ___ through ___)
____ Specific Classroom (describe):

________________________________________________________________________

____ Portfolio
____ Other:  ____________________________________________________________

To Be Completed by ESS Teacher:
Above plan was followed:  _____ Yes  _____ No

The following alterations/modifications were made to above plan:

________________________________________________________________________

________________________________________________________________________

Student Progress in completing work/learning the skills
____ Completed assignments
____ Demonstrated understanding of concept/skill
   Practiced Skill(s)
____ Needs additional practice
____ Needs continued instruction and reinforcement in Study Skills