



Tuolumne County School Attendance Review Board

Teacher - Counselor Input Form

Student's Name	School	
Teacher	Class/Subject	Grade Level
Current Grade: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> Incomplete		
Remarks: Please provide thoughtful anecdotes or observations regarding the student's behavior, engagement, relationships with teachers and peers, and overall well-being in the classroom. Your insights are crucial in helping us understand the student's situation and it will greatly contribute to the effectiveness of the SARB process.		
STRENGTHS		
CHALLENGES		
SUPPORTS OFFERED		
No. of Student-Teacher Conferences	Comments	
No. Parent- Teacher Conferences	Comments	
Referrals to School Counselor	Comments	
Referrals to School Principal	Comments	