

TEACHER REPORT FORM

Student's Name: _____

Please complete before sending to teacher

I give permission for _____ to complete this form.

Parent's Signature: _____ Date: _____

To Be Completed By Teacher

Teacher's Name: _____ School: _____ Grade: _____

Telephone Number: _____ Class Staffing Ratio: _____

Academic Profile

1. Reading level: Instructional _____ Decoding _____ Comprehension _____
Strengths: _____

Weaknesses: _____

2. Math level: Instructional _____ Computation _____ Problem Solving _____
Strengths: _____

Weaknesses: _____

3. Writing skills:
Organization: _____

Content: _____

4. Creative ability: _____

Work Habits

1. In a group setting: _____

2. Organizational skills: _____

3. Completion of homework assignments: _____

4. Ability to concentrate: _____

5. Ability to work independently: _____

6. Activity level: _____

Social Skills

1. Participation in class activities: _____

2. Relationship with peers: _____

3. Relationship with adults: _____

4. Self- concept: _____

5. Personal strengths: _____

Student's Interests

Comments and Additional Information

Teacher Signature: _____ Date: _____

Thank You
Please return to
Alicia Devins, Director of Admissions
The Lowell School
24-20 Parsons Boulevard
Whitestone, New York 11357
718-352-3525