

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 _____

Program(s) used: _____

Strengths: _____

Weaknesses: _____

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

Program(s) used: _____

Strengths: _____

Weaknesses: _____

3. Writing skills:

Program(s) used: _____

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