

Please rate the student based on the criteria below and share any additional comments:

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	COMMENTS
ACADEMIC DEVELOPMENT					
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Effort/ Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SOCIAL/EMOTIONAL DEVELOPMENT					
Self – esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interaction with teachers/adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Involvement in school life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
School conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HOME-SCHOOL COLLABORATION					
Parent involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parent cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parent perception compared with school’s understanding of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Has the student been regularly promoted to the next grade at the end of each school year? Yes No

If the answer is no, please provide details:

Is the student passing all subjects this school year? Yes No

If the answer is no, please list the subject(s) that the student is failing:

Has the student received disciplinary action in your school? No Yes: Detention Probation Suspension

If yes, please provide details:

Have you observed any signs of learning difficulties (e.g. speech delays, difficulty reading/ writing?) or challenges in terms of social interaction? No Yes

If yes, please provide details:

Does this student have any significant strengths or abilities that may affect the student's school performance? No Yes

If yes, please provide details:

Are there any concerns with the student's attendance: No Yes: Tardiness Absences

If yes, please provide details:

Are you aware of any family circumstances that affect the student's life and attitude in school? No Yes

If yes, please provide details:

Please share any additional information that should be considered as part of our evaluation of this student that is not covered in this form:

Thank you very much for your time and attention.