

## Teacher - Student Information Form

The student named below is applying for enrollment to The Whole Learning School. We request the student's current teachers please complete both sides of this form and return it to:  
 The Whole Learning School, 12325 State Hwy 55, Plymouth, MN 55441 or fax: (763) 231-2010.  
 This information will be kept confidential. Thank you.

Student name \_\_\_\_\_ School/Clinic \_\_\_\_\_

Professional's name \_\_\_\_\_ Subject area \_\_\_\_\_

**Please rate the student's skills and comment on strengths and weaknesses:**

	Very Poor	Excellent	Not Observed			
<b>Academic skills</b>						
Reading – decoding	1	2	3	4	5	_____
Reading – comprehension	1	2	3	4	5	_____
Reading – fluency	1	2	3	4	5	_____
Math – computation	1	2	3	4	5	_____
Math – problem solving	1	2	3	4	5	_____
Written language – composition	1	2	3	4	5	_____
Spelling	1	2	3	4	5	_____
Comments:						_____

<b>Work Habits</b>						
Ability to organize personal belongings	1	2	3	4	5	_____
Ability to effectively manage time	1	2	3	4	5	_____
Ability to complete in-class work on time	1	2	3	4	5	_____
Ability to complete homework on time	1	2	3	4	5	_____
Ability to focus on a task	1	2	3	4	5	_____
Ability to persevere with a task	1	2	3	4	5	_____
Motivation to learn	1	2	3	4	5	_____
Decision-making skills	1	2	3	4	5	_____
Comments:						_____

<b>Communication Skills</b>						
Expressive language	1	2	3	4	5	_____
Receptive language	1	2	3	4	5	_____
Articulation	1	2	3	4	5	_____
Comments:						_____

	Very Poor					Excellent	Not Observed
<b>Interpersonal Skills</b>							
Ability to relate to friends	1	2	3	4	5		_____
Ability to relate to other peers	1	2	3	4	5		_____
Ability to relate to teachers and other adults	1	2	3	4	5		_____
Comments:							

<b>Emotional Adaptability</b>							
Ability to cope with stress	1	2	3	4	5		_____
Ability to cope with new situations	1	2	3	4	5		_____
Ability to cope with changes in schedule	1	2	3	4	5		_____
Ability to separate own problems from others'	1	2	3	4	5		_____
Maturity level	1	2	3	4	5		_____
Comments:							

<b>Behavior Skills</b>							
Ability to follow simple directions	1	2	3	4	5		_____
Frustration level	1	2	3	4	5		_____
Compliance with basic rules	1	2	3	4	5		_____
Response to behavior modification techniques	1	2	3	4	5		_____
Comments:							

<b>Motor Skills</b>							
Fine motor	1	2	3	4	5		_____
Gross motor	1	2	3	4	5		_____
Comments:							

Have the student's parents been responsive to your efforts to help this student?

Other comments?

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your time!*