



## Request for Teacher Input

The student named below is applying for admission to Academy of Whole Learning and we would appreciate input from current teachers. Please complete both sides of this form and return it to Academy of Whole Learning, 9400 Cedar Lake Road, Suite 7, St. Louis Park, MN 55426. Thank you!

Student Name: \_\_\_\_\_ School/Clinic: \_\_\_\_\_

Professional's Name: \_\_\_\_\_ Subject Area: \_\_\_\_\_

**Please rate the student's skills and comment on strengths and weaknesses. If you score a 1, 2 or 3 please use the lines under the skill to give a short explanation:**

<u>Academic Skills:</u>	Very Poor	→	→	→	Excellent	Not Observed
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	_____
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_____						
Written Language – Composition	1	2	3	4	5	_____
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Academic Skills areas of strength:

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Academic Skills areas of concern:

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**Work Habits**

Very Poor → → → Excellent Not Observed

Ability to organize personal belongings

1 2 3 4 5 \_\_\_\_\_

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Ability to effectively manage time

1 2 3 4 5 \_\_\_\_\_

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Ability to complete in-class work on time

1 2 3 4 5 \_\_\_\_\_

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Ability to complete homework on time

1 2 3 4 5 \_\_\_\_\_

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Ability to focus on a task

1 2 3 4 5 \_\_\_\_\_

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Motivation to learn

1 2 3 4 5 \_\_\_\_\_

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Decision-making skills

1 2 3 4 5 \_\_\_\_\_

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Work Habits areas of strength:

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Work Habits areas of concern:

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**Communication Skills**

Very Poor → → → Excellent Not Observed

Expressive Language

1 2 3 4 5 \_\_\_\_\_

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Receptive Language

1 2 3 4 5 \_\_\_\_\_

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Articulation

1 2 3 4 5 \_\_\_\_\_

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Communication Skills areas of strength:

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Communication Skills areas of weakness:

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**Emotional Adaptability**

Very Poor → → → Excellent Not Observed

Ability to cope with stress

1 2 3 4 5 \_\_\_\_\_

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Ability to cope with frustration

1 2 3 4 5 \_\_\_\_\_

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Ability to cope with new situations

1 2 3 4 5 \_\_\_\_\_

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Ability to cope with changes in schedule                    1            2            3            4            5            \_\_\_\_\_

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Ability to separate own problems vs. others' 1            2            3            4            5            \_\_\_\_\_

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Maturity Level    1            2            3            4            5            \_\_\_\_\_

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Emotional Adaptability areas of strength:

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Emotional Adaptability areas of concern:

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**Behavior Skills**    Very Poor   →   →   →   Excellent   Not Observed

Ability to follow simple directions                    1            2            3            4            5            \_\_\_\_\_

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Frustration Level    1            2            3            4            5            \_\_\_\_\_

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Compliance with Rules    1            2            3            4            5            \_\_\_\_\_

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Response to Behavior Modifications                    1            2            3            4            5            \_\_\_\_\_

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Behavior Skills areas of strength:

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Behavior Skills areas of concern:

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**Motor Skills**

Very Poor → → → Excellent Not Observed

Fine Motor

1 2 3 4 5 \_\_\_\_\_

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Gross Motor

1 2 3 4 5 \_\_\_\_\_

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Motor Skills areas of strength:

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Motor Skills areas of concern:

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**Have the student's parents been responsive to your efforts to help this student? Yes No**  
**If no, please explain.**

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Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you so much for your time!