



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, 3500 Williston Rd., Minnetonka, MN 55345. 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	_____

Written Language – Composition	1	2	3	4	5	_____

Academic Skills areas of strength:

Academic Skills areas of concern:

Work Habits

Very Poor → → → Excellent Not Observed

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 _____

Motivation to learn

1 2 3 4 5 _____

Decision-making skills

1 2 3 4 5 _____

Work Habits areas of strength:

Work Habits areas of concern:

Communication Skills

Very Poor → → → Excellent Not Observed

Expressive Language

1 2 3 4 5 _____

Receptive Language

1 2 3 4 5 _____

Articulation

1 2 3 4 5 _____

Communication Skills areas of strength:

Communication Skills areas of weakness:

Emotional Adaptability

Very Poor → → → Excellent Not Observed

Ability to cope with stress

1 2 3 4 5 _____

Ability to cope with frustration

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 vs. others' 1 2 3 4 5 _____

Maturity Level 1 2 3 4 5 _____

Emotional Adaptability areas of strength:

Emotional Adaptability areas of concern:

Behavior Skills Very Poor → → → Excellent Not Observed

Ability to follow simple directions 1 2 3 4 5 _____

Frustration Level 1 2 3 4 5 _____

Compliance with Rules 1 2 3 4 5 _____

Response to Behavior Modifications 1 2 3 4 5 _____

Behavior Skills areas of strength:

Behavior Skills areas of concern:

Motor Skills

Very Poor → → → Excellent Not Observed

Fine Motor

1 2 3 4 5 _____

Gross Motor

1 2 3 4 5 _____

Motor Skills areas of strength:

Motor Skills areas of concern:

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

Professional's Signature: _____ Date: _____

Thank you so much for your time!