



## 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 space under the skill to give a short explanation:***

**Academic Skills:** (1) Very Poor → (5) Excellent

Reading – Decoding

Reading – Comprehension

Reading – Fluency

Math – Computation

Math – Problem solving

Written Language – Composition

Academic Skills areas of strength:

Academic Skills areas of concern:

**Work Habits**

(1) Very Poor → (5) Excellent

Ability to organize personal belongings

Ability to effectively manage time

Ability to complete in-class work on time

Ability to complete homework on time

Ability to focus on a task

Motivation to learn

Decision-making skills

Work Habits areas of strength:

Work Habits areas of concern:

**Communication Skills** (1) Very Poor → (5) Excellent

Expressive Language

Receptive Language

Articulation

Communication Skills areas of strength:

Communication Skills areas of weakness:

**Emotional Adaptability** (1) Very Poor → (5) Excellent

Ability to cope with stress

Ability to cope with frustration

Ability to cope with new situations

Ability to cope with changes in schedule

Ability to separate own problems vs. others'

Maturity Level

Emotional Adaptability areas of strength:

Emotional Adaptability areas of concern:

**Behavior Skills**

(1) Very Poor → (5) Excellent

Ability to follow simple directions

Frustration Level

Compliance with Rules

Response to Behavior Modifications

Behavior Skills areas of strength:

Behavior Skills areas of concern:

**Motor Skills**

(1) Very Poor → (5) Excellent

Fine Motor

Gross Motor

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!