

THE LOWELL SCHOOL
TEACHER REPORT FORM

Student's Name: _____

Please complete before sending to teacher.

I give permission for _____ to complete this form.

Parent's Signature: _____ Date: _____

To Be Completed By Teacher

Teacher's Name: _____ School: _____ Grade: _____

Telephone Number: _____ Class Staffing Ratio: _____

Academic Profile

1. Reading level: Instructional _____ Decoding _____ Comprehension _____
Strengths: _____

Weaknesses: _____

2. Math level: Instructional _____ Computation _____ Problem Solving _____
Strengths: _____

Weaknesses: _____

3. Writing skills:
Organization: _____

Content: _____

4. Creative ability: _____

Work Habits

- 1. In a group setting: _____

- 2. Organizational skills: _____

- 3. Completion of homework assignments: _____

- 4. Ability to concentrate: _____

- 5. Ability to work independently: _____

- 6. Activity level: _____

Social Skills

- 1. Participation in class activities: _____

- 2. Relationship with peers: _____

- 3. Relationship with adults: _____

- 4. Self- concept: _____

- 5. Personal strengths: _____

Student's Interests

Comments and Additional Information

Teacher Signature: _____ Date: _____

Thank You
Please return to:
Ruth Joseph, Clinical Coordinator
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Bayside, New York 11361
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