

Reading:

Current Grade: _____

Language Arts Series and Levels

Completed: _____

Math:

Current Grade: _____

Math Series and Level of Student: _____

Has this student taken Spanish classes: Yes _____ No _____

If yes, what level have they completed: _____

Describe any disabilities (physical, emotional, mental, language barriers, family situations, etc.) which affect the applicant's progress:

Discipline - Please comment:

Signature of Person Completing Report

Title

Print name of person completing this form: _____

Inclusive dates you taught this child: _____

Thank you for your time and assistance in completing this form.