

rites summer programs**TEACHER QUESTIONNAIRE**

Student's Name: _____ Grade: _____

Teacher's Name: _____ Title: _____

School Name: _____

Address: _____
Street City State Zip Code*Please completely fill out this form (including the back).*

Please rate the student according to the following categories:

| | | | | |
|---------------|---|---------|---|---------------|
| 1 | 2 | 3 | 4 | 5 |
| below average | | average | | above average |

WRITING AND READING

Student's overall writing skills:

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Spelling:

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Organization of ideas:

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Vocabulary:

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Student's overall reading skills:

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Reading comprehension:

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Word attack/decoding:

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

MATH

Student's overall math skills:

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Computational skills:

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Understanding of new concepts:

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Problem-solving skills:

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

(more on reverse)

Please rate the student according to the following categories:

1 2 3 4 5
below average average above average

PERSONAL QUALITIES

Enthusiasm: 1 2 3 4 5

Leadership: 1 2 3 4 5

Sense of humor: 1 2 3 4 5

Emotional stability: 1 2 3 4 5

Concern for others: 1 2 3 4 5

Student's overall class performance: 1 2 3 4 5

Does the student have any attentional difficulties? yes no
Does the student seem anxious? yes no
Is the student often absent? yes no

Student's Current Reading Level: Date Assessed:

Assessment Used:

What are this student's strengths?

What are this student's weaknesses?

Does the student receive any support services?

What adjectives or phrases would you use to describe the student?

Please attach a separate piece of paper with any comments that may be helpful to us in understanding this student's needs.

Thank you for your time in completing this form. Please mail to:

RI Tutorial & Educational Services, Inc.
334 East Avenue, Pawtucket, RI 02860 or fax: (401) 728-6509