

School Report

Name of Applicant _____ Grade _____ Name of School _____
 Name of Teacher _____ Subject taught _____
 Phone number at school _____ Best time to call _____
 Phone number at home _____ Cell number _____ Best time to call _____

Class size: Number of students _____ Number of teachers _____ Number of assistants _____
 _____ Regular Class _____ Special Class _____ Resource Room _____ Personal Para or Shadow

Please answer this questionnaire based on your personal knowledge, observation and/or documentation available to you.

General Development

	<i>below average</i>	<i>average</i>	<i>above average</i>
Vision			
Hearing			
Speech/Language			
Coordination			
Mobility			

Social Development

Attendance Data

Days Absent this year to date _____ Days Late _____
 Was student suspended within the last two years? Yes _____ No _____ Date _____
 Reason _____

Is this student diagnosed with a specific mental health problem or medical disorder/syndrome that you are aware of? _____

Is this student given any medication in school? _____ Yes _____ No _____ If yes, Name of medication _____
 _____ Dosage and frequency _____

Behavior – Has the student exhibited any of the following behavior(s)?
 (Check all applicable areas)

- | | |
|---|---|
| _____ persistence at tasks | _____ cooperative, helpful attitude to teachers |
| _____ fearfulness | _____ cooperative and helpful attitude to peers |
| _____ destruction of property | _____ distractibility, short attention span |
| _____ frequent crying | _____ physical aggressiveness to teachers |
| _____ self-abusive behavior | _____ physical aggressiveness to peers |
| _____ resistance to teachers' directives | _____ verbal abusiveness to teachers |
| _____ little or no contact with peers | _____ verbal abusiveness to peers |
| _____ little responsiveness to classroom activity | _____ withdrawn behavior |
| _____ reluctance to attempt new tasks | _____ unable to sit during lessons |

How does this student's pattern of behavior compare with that of other students in the class or to age/grade peers?

Please describe student's behavior in detail, including positive and negative behavioral aspects: _____

How does the student respond to authority figures? _____

Is there anything about this student's interactions with his/her peers that is significant? _____

Is this student active socially? Does s/her have friends in the class? Are his/her social interactions age appropriate? _____

On a daily basis, how often is intervention necessary? _____

If the student is on medication, describe the changes you have seen in the classroom since the initiation of medication: _____

How would you characterize the child's capacity to initiate, plan, and carry through a task? _____

Does this student have a modified curriculum? _____ If so, in what subjects is s/he required to do less work? _____

Can this student work on a cooperative team? _____

How does the student respond to cognitive challenges? _____

Is this student's study habits/note-taking skills grade appropriate? _____

Does this child respond appropriately to changes/transitions? _____

Is the student aware of his/her strengths and weaknesses? _____

In what areas is this student especially competent? _____

Family Data

Describe any events in the student’s home or school life that you feel we should be aware of: _____

Academic Development

Please indicate whether student is demonstrating excellence (**E**), satisfactory performance (**S**), or poor performance (**P**), in each of the areas below:

Work Performance:

- | | |
|--------------------------------------|---------------------------------|
| _____ working independently | _____ following oral directions |
| _____ performing consistently | _____ study skills |
| _____ abstract thinking | _____ completing assignments |
| _____ attending to group discussions | _____ responding to questions |
| _____ following written directions | _____ participating in class |
| _____ completing homework | |

Please indicate whether the student is demonstrating skills which are (**A**)above, (**W**)within, or (**B**)below grade level in each of the areas below:

Hebrew

- | | |
|--|---------------|
| _____ Aleph Bet & Nekuda recognition | _____ Chumash |
| _____ reading simple words | _____ Lashon |
| _____ reading fluently with exceptions to the rule | _____ Mishna |
| _____ praying fluently | _____ Gemara |

Reading

- _____ letter recognition
- _____ oral reading
- _____ reading comprehension
- _____ sight word memory
- _____ phonetic analysis
- _____ word attack skills

Mathematics

- _____ number recognition
- _____ numerical comprehension
- _____ number operations
- _____ place value
- _____ fractions
- _____ decimals

Is there any information that you feel would be helpful for us to know? Please elaborate _____

Date

Teacher Signature

You may email this report directly to our office at info@gesheryehuda.org.