

TWEENS AND TEENS SOCIAL SUCCESS!

PARENTS PLEASE HAVE YOUR CHILD'S EDUCATOR/THERAPIST FILL THIS OUT

Dear Professional,

Date:

Name of Student: _____

is being considered for placement in a group at our practice. It would be greatly appreciated if you could complete the below information regarding this student based on your own experience.

Your Name: _____ Grade of Student:

Relationship to the student:

Please check off where you feel how this person does in your setting in the following areas:

SKILL	COMMENTS	ABOVE GRADE	AT GRADE LEVEL	BELOW GRADE	NOT OBSERVED
Math					
Reading Decoding					
Reading Comprehension					
Written Expression					
Participating as part of the large group during class discussion/lecture					
Participating as part of a small group in class					
Making and keeping friends during free time					
Ability to ask for help in class					
Organizational skills while in class					
Organizational skills from home to school and back					

Does this child stand out as unique in his interpersonal skills, either in class or out of class?	If Yes, please explain?				
Do you anticipate that this student will encounter more challenges in future school years?	If Yes, please explain?				
How would this student's peers describe him/her?					