



10 Cuttermill Road
Suite 204
Great Neck, NY 11021

T 917-494-0262
C 201-407-7789
kelly@thesuccessfulchildny.com

www.thesuccessfulchildny.com

Teacher Feedback Form

Please assist us as we support your current student's academic needs by completing this brief questionnaire and returning it to the parent or send it via email.

Date: _____

Child's Name: _____

Grade: _____

School Name and Address: _____

School Phone: _____

Teacher's Name: _____

Phone: _____

Email: _____

How long have you known this student? _____

Does the student receive/require any special accommodations/interventions in the classroom?

Briefly describe this student's major difficulties in the classroom.

What is this student's working style? (e.g. hurried, dreamy, un/overfocused, diligent, fearful, etc)

Please comment on the student's performance in the following areas:

READING:

MATH:

WRITTEN EXPRESSION:

ORAL LANGUAGE:

ORGANIZATION:

SOCIAL SKILLS:

CONCENTRATION AND PERSISTENCE:

STRENGTHS, ENTHUSIASM, AND TALENTS:

What specific methods, materials, formats for instructional activities or instructional games have been particularly successful with this student?

Additional Comments (use back if needed):