



<b>Persists with difficult tasks</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Accepts responsibility for behavior</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Makes transitions smoothly</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Expresses needs and feelings appropriately</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Shows self discipline/self control</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Exhibits sense of humor</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Work Habits</b>	area of strength <-----> area of concern					
<b>Listens carefully during group times</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Comments:
<b>Contributes to class discussions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Works with independence and self-direction</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Follows directions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Uses class time efficiently</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Completes class work on time</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Completes homework on time</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Sustains attention and focus during work time</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Keeps belongings and materials organized</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Responds positively to constructive criticism</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Is curious and enthusiastic about learning</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Works at appropriate level</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Enjoys new challenges</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Exhibits problem-solving ability</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

1. In group situations, what behaviors does your child typically display?

Tries to control    Takes a positive leadership role    Participates cooperatively    Observes  
 Seeks attention

2. Does your child demonstrate particular strength in any of the following areas? Please elaborate.

Academic    Artistic    Music    Social/Emotional    Athletic/Dance    Creativity    other:

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3. Does your child need special support in any of the following areas?

Academic    Social/Emotional    none    other:

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4. Have your expectations and perceptions of your child been in alignment with your child's school? Please comment: \_\_\_\_\_

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5. How would you characterize your child's interaction with other students? With adults?

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6. Does your student consistently attend school? \_\_\_\_\_

7. We would appreciate any additional information which you think would help our school make an informed decision: \_\_\_\_\_

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Thank you for your time and your honesty. May we contact you for clarification?  Yes    No

Best phone number \_\_\_\_\_

E- mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_