



700 Frederick St. #204 Santa Cruz, Ca 95062  
Phone (831) 429-5987 Fax (831) 429-5993  
Website: dls-learning.com

## **School Report** Elementary Level (K-8)

### **To the Client:**

Please fill in the identifying data and forward this form as soon as possible to the appropriate school for completion. Request that the form be mailed or faxed promptly to the Developmental Learning Solutions office. Again, please fill in only the identifying data. Thank you.

### **Identifying Data**

Student's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Address: \_\_\_\_\_  
\_\_\_\_\_

### **To the School:**

Please complete the following information for the student in the Identifying Data Section. Return the form to the Developmental Learning Solutions office located at the following address:  
**700 Frederick St., #204, Santa Cruz, Ca 95062.** Your prompt reply is requested. Thank you.

### **Attendance and Academics**

#### **Student's Attendance**

- Does this student attend school regularly? \_\_\_\_\_
- What are the usual reasons for his/her absences? \_\_\_\_\_
- How long have you known this student? \_\_\_\_\_

#### **School Report (Potential and academic achievement)**

- Reproductions of standard score sheets may be sent

**Intelligence Tests**

| <u>Name</u> | <u>MA</u> | <u>CA</u> | <u>IQ</u> | <u>Date of Exam</u> |
|-------------|-----------|-----------|-----------|---------------------|
| _____       | _____     | _____     | _____     | _____               |
| _____       | _____     | _____     | _____     | _____               |
| _____       | _____     | _____     | _____     | _____               |

| <u>Name</u> | <u>Date</u> | <u>Grade</u> | <u>Subject</u> | <u>Percentile/Rating</u> |
|-------------|-------------|--------------|----------------|--------------------------|
| _____       | _____       | _____        | _____          | _____                    |
| _____       | _____       | _____        | _____          | _____                    |
| _____       | _____       | _____        | _____          | _____                    |

**Reading Tests (Please report all scores available)**

| <u>Name</u> | <u>Date</u> | <u>Grade</u> | <u>Subject</u> | <u>Percentile/Rating</u> |
|-------------|-------------|--------------|----------------|--------------------------|
| _____       | _____       | _____        | _____          | _____                    |
| _____       | _____       | _____        | _____          | _____                    |
| _____       | _____       | _____        | _____          | _____                    |

If the student has received special help in reading, please describe type of help and approximate dates given (for example, tutoring, fall of 1995)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Academic Levels**

The student's present academic overall achievement in your class is:

\_\_\_\_\_ above average \_\_\_\_\_ average \_\_\_\_\_ below average

In general, the student's school record has been:

\_\_\_\_\_ above average \_\_\_\_\_ average \_\_\_\_\_ below average

Does this student appear to be working up to his/her potential? \_\_\_\_\_

In what subject does the student do his/her best work? \_\_\_\_\_

In what subject does the student have the most difficulty? \_\_\_\_\_

Does the student appear to have a reading problem? \_\_\_\_\_

If so, in what areas? (oral reading, comprehension, vocabulary, etc.) \_\_\_\_\_

At what level does the student read without difficulty? \_\_\_\_\_

What basal reading series is being used with this student? \_\_\_\_\_

What specific book or level of the above series is the applicant using at the present time? \_\_\_\_\_

Does the student appear to have a writing problem? \_\_\_\_\_

If so, in what areas? (mechanics, structure, content, etc.) \_\_\_\_\_

Does the student appear to have a spelling problem? \_\_\_\_\_

Does the student appear to have a problem with study skills? \_\_\_\_\_

If so, in what areas? (time management, test taking skills, etc.) \_\_\_\_\_

Does the student appear to have a math problem? \_\_\_\_\_

If so, in what areas? (computation, concepts, word problems, etc.) \_\_\_\_\_

## **Attitude and Behavior**

### **Student's Attitude Towards Teachers**

What is his/her attitude towards teachers in general? \_\_\_\_\_

\_\_\_\_\_

What is his/her attitude towards you? \_\_\_\_\_

Does she/he seek you out? \_\_\_\_\_

Does she/he ask for special attention/consideration? \_\_\_\_\_

Does she/he react when you discipline him/her? \_\_\_\_\_

### **Teacher's Reaction to the Student**

Do teachers enjoy this student in class? \_\_\_\_\_

What type of discipline is effective for this student? \_\_\_\_\_

What type of discipline is ineffective? \_\_\_\_\_

### **Student's Interaction with Peers**

How do other students feel about him/her? \_\_\_\_\_

How does the student gain attention or approval from peers? \_\_\_\_\_

Does the student prefer to associate with children who are older, the same age, or younger than himself/herself? \_\_\_\_\_

Does she/he associate primarily with boys, girls, or both? \_\_\_\_\_

### **Student's Self-Perception as a Learner**

How do you think the student feels about his/her ability to learn academics? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the student is aware of learning difficulty, what is his/her reaction? (check one and/or add comments)

- ~ Tries hard to complete academic work.
- ~ Works effectively in one-to-one situations.
- ~ Has given up any attempt to do school work.
- ~ Other. \_\_\_\_\_

### Student's Behavior in Class

Does the student participate in general class discussions? \_\_\_\_\_

What is his/her usual attitude in class? (check one and/or add comments)

- ~ Attentive.
- ~ Inattentive.
- ~ Restless and attention seeking.
- ~ Other. \_\_\_\_\_

### Visual Difficulties

|   |     |    |
|---|-----|----|
| Hold his/her book very close to the eyes (7-8 in)?      | Yes | No |
| Move his/her head back and forth while reading?         | Yes | No |
| Hold his/her head at an extreme angle while reading?    | Yes | No |
| Cover one eye when reading?                             | Yes | No |
| Squint when doing near work?                            | Yes | No |
| Blink excessively when doing near work?                 | Yes | No |
| Use his/her finger to trace lines in a book?            | Yes | No |
| Subvocalize during reading?                             | Yes | No |
| Have a short attention span while reading?              | Yes | No |
| Write up or downhill, irregular letter or word spacing? | Yes | No |
| Misalign digits in columns of numbers?                  | Yes | No |
| Have trouble finishing written timed assignments?       | Yes | No |

### Physical

Is there anything about the student's physical condition that requires special consideration in the classroom? If yes, please describe. \_\_\_\_\_

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### Family Background

Describe the mother's attitude toward school. \_\_\_\_\_

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Describe the father's attitude toward school. \_\_\_\_\_

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**General Information**

Describe personal or behavioral characteristics of this student that would aid us in understanding him/her and in planning his/her program (shy, cooperative, outgoing, easily discouraged, short attention span, persistent, etc.) \_\_\_\_\_

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How can education therapy services be of help to this student? \_\_\_\_\_

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How can we assist you in working with this student? \_\_\_\_\_

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Thank you for your input. Please forward this report to Developmental Learning Solutions.

Your name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Developmental Learning Solutions  
700 Frederick St. #204  
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