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Teacher Report Form

Today's Date: _____

Child's Name: _____

Teacher's Name: _____

Grade in School: _____

Name and Address of School: _____

How long have you known this student? _____

How much time does the student spend in your classroom each week? _____

Classroom is (circle one): General Education Substantially Separate Learning Center Integrated Program
Other (Please Describe) _____

Does the child have an IEP? If so, what services are provided? _____

Is there a 504 plan? If so, what accommodations are provided? _____

Please describe the child's strengths and best qualities: _____

Please describe any concerns you have about the child's academic performance: _____

Please describe any concerns about the student's social, emotional, or behavioral functioning: _____

Please describe any accommodations or supports that you have found helpful to the student in your classroom: _____

Please describe progress you have seen in academic, social or behavioral skills since the beginning of the year: _____

Please describe the student's current functioning in the following academic areas:

Academic Subject	Far below grade expectations	Somewhat below grade expectations	At grade level	Somewhat above grade level	Far above grade level
English/language arts					
Social studies/history					
Science					
Math					
Spelling					
Written expression					

Please use the space below to add any additional information that you think might be helpful. Thank you for your time.