



THE ALTAIR SCHOOL

Info@AltairSchool.org 503-610-8270

CONFIDENTIAL TEACHER REPORT

This form should be given to your child's teacher or counselor to be completed and returned directly to The Altair School. Please feel free to use additional sheets of paper as needed.

Dear Fellow Educator,

_____ has applied for admission to The Altair School. We would greatly appreciate your observations about this student. All information will be confidential.

Please return forms via mail: 3788 NW Loriann Drive, Portland 97229 or email: info@altairschool.org

Name of student

Application for grade

I have known this student for ___ years and ___ months. # of children in class _____

My relationship has been that of _____ Grade level(s) in class _____

What are the first words that come to mind to describe this child? _____

This Applicant:

	Never				Always
• Is intellectually curious	1	2	3	4	5
• Possesses a sense of responsibility	1	2	3	4	5
• Is considerate of others	1	2	3	4	5
• Has healthy social relationships with peers	1	2	3	4	5
• Willingly completes activities	1	2	3	4	5
• Is able to work independently	1	2	3	4	5
• Follows directions	1	2	3	4	5
• Demonstrates emotional maturity	1	2	3	4	5
• Possesses strong internal motivation	1	2	3	4	5
• Possesses an age appropriate attention span	1	2	3	4	5
• Participates actively in class	1	2	3	4	5
• Demonstrates self control	1	2	3	4	5
• Can control physical aggression	1	2	3	4	5
• Can control verbal aggression	1	2	3	4	5
• Is appropriately assertive	1	2	3	4	5

Please comment on:

- Ability to work in a group _____
- Study habits _____
- Motivation _____
- Curiosity _____
- Creativity _____
- Reading for pleasure _____
- Ability to express ideas verbally _____
- Attitude of parents _____
- Organization of time and work _____
- Special Education Services (IEP) _____
- Talented & Gifted Services (TAG) _____

Please comment on the student's level of achievement and progress and grade level.

Grade level

- | | | |
|--------------------|-------|-------|
| • Reading | _____ | _____ |
| • Writing | _____ | _____ |
| • Spelling | _____ | _____ |
| • Mathematics | _____ | _____ |
| • Science | _____ | _____ |
| • Foreign language | _____ | _____ |
| • Arts | _____ | _____ |
| • Music | _____ | _____ |
| • Social Studies | _____ | _____ |
| • Athletics | _____ | _____ |

Is there ability grouping? If so, please indicate the student's placement (lower, middle, upper):

- | | | | |
|-----------|-------|---------------|-------|
| • Reading | _____ | • Mathematics | _____ |
|-----------|-------|---------------|-------|

We greatly appreciate any further insight into the student's strengths, development opportunities, or any other special concerns or needs. Please feel free to attach additional sheets. Thank you for your time.

Your name: _____ Date: _____
Email: _____ Phone: _____
School name: _____
Address: _____