



SUMMER@CARROLL

Beginning Readers Teacher Evaluation Form

Parents: Please give this form to your child's current teacher. **Please be sure to fill in the student's name.**

Dear Teacher,

_____ is applying for Beginning Readers Program, a five week
(Student Name)
intervention and remediation program designed for children with specific language learning difficulties, such as dyslexia. The information requested below will be very helpful in determining if our program can meet the needs of this child. It will also help us to group students. All information will be held in the strictest confidence.

Please feel free to contact the Summer@Carroll Office with questions at 781-259-8342 ext 3031.

Teacher Name _____ School _____
Telephone Number _____

How long have you known this student? Years _____ Months _____

In describing this student, what are the first few words that come to your mind?

In what area(s) does the student experience academic success and frustration? **Please be specific.**

Independent *Needs Minimal Support* *Needs Moderate Support* *Dependent on Teacher* *N/A*

Reading

Phonemic Awareness					
Decoding					
Reading Fluency					
Reading Comprehension					

Writing

Handwriting					
Spelling					

Math

Calculation					
Concepts					

Please comment on student's overall academic performance.

Independent *Needs Minimal Support* *Needs Moderate Support* *Dependent on Teacher* *N/A*

Social/Behavioral

Interacts well with teachers					
Interacts well with classmates					
Demonstrates appropriate classroom behavior					
Behaves appropriately during unstructured time					
Demonstrates positive attitude					

Please comment on student's overall daily social/behavioral interactions.

Signature: _____

Date: _____



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Beginning Readers Program Tutor Evaluation Form (if applicable)

Parents: Please give this form to your child's current tutor. **Please be sure to fill in the student's name.**

Dear Tutor,

_____ is applying for Beginning Readers Program, a five week
(Student Name)
intervention and remediation program designed for children with specific language learning difficulties, such as dyslexia. The information requested below will be very helpful in determining if our program can meet the needs of this child. It will also help us to group students. All information will be held in the strictest confidence.

Please feel free to contact the Summer@Carroll Office with questions at 781-259-8342 ext 3031.

Tutor Name _____ School _____

Telephone Number _____

How long have you known this student? Years _____ Months _____

In describing this student, what are the first few words that come to your mind?

In what area(s) does the student experience academic success and frustration? **Please be specific.**

Independent *Needs Minimal Support* *Needs Moderate Support* *Dependent on Teacher* *N/A*

Reading

Phonemic Awareness					
Decoding					
Reading Fluency					
Reading Comprehension					

Writing

Handwriting					
Spelling					

Math

Calculation					
Concepts					

Please comment on student's overall academic performance.

Independent *Needs Minimal Support* *Needs Moderate Support* *Dependent on Teacher* *N/A*

Social/Behavioral

Interacts well with teachers					
Interacts well with classmates					
Demonstrates appropriate classroom behavior					
Behaves appropriately during unstructured time					
Demonstrates positive attitude					

Please comment on student's overall daily social/behavioral interactions.

Signature: _____

Date: _____

Mail to: Summer@Carroll Admission Office • The Carroll School
 25 Baker Bridge Road • Lincoln, MA 01773 • 781-259-8342 ext. 3031