



# SUMMER@CARROLL

## Elementary/Middle School Program Language Arts 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 Elementary/Middle School 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?

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

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

**Reading**

Decoding					
Reading Fluency					
Reading Comprehension					

**Writing**

Handwriting					
Spelling					
Creative Writing					

**Please comment on student's overall academic performance.**

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*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 of student's overall daily social/behavioral interactions.**

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

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

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



# SUMMER@CARROLL

## Elementary/Middle School 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 Elementary/Middle School 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?

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

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	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Tutor	N/A
<b>Reading</b>					
Decoding					
Reading Fluency					
Reading Comprehension					
<b>Writing</b>					
Handwriting					
Spelling					
Creative Writing					
<b>Please comment on student's overall academic performance.</b>					
	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Tutor	N/A
<b>Social/Behavioral</b>					
Behaves appropriately					
Accepts correction positively					
Shows positive attitude toward learning					
Makes a consistent effort					
Utilizes strategies					
Follows directions					
Maintains attention on tasks					
<b>Please comment on student's overall daily social/behavioral interactions.</b>					

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

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# SUMMER@CARROLL

## Elementary/Middle School Program Math 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 Elementary/Middle School 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?

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

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	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Teacher	N/A
<b>Academic</b>					
<b>Calculation/Operations</b>					
Whole Numbers					
Decimal Numbers					
Fractions					
Fact Fluency					
<b>Concepts</b>					
Number Sense					
Geometry					
Measurement					
Algebra/Patterns					
Data Analysis/Statistics/Probability					
<b>Please comment on student's overall academic performance.</b>					
	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Teacher	N/A
<b>Social/Behavioral</b>					
Interacts well with teachers					
interacts well with classmates					
Demonstrates appropriate classroom behavior					
Behaves appropriately during unstructured time					
Demonstrates positive attitude					
<b>Please comment on student's overall daily social/behavioral interactions.</b>					

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

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

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