Student Assistance Team
Previous Classroom Teachers

Please copy this sheet and give to each classroom teacher that has had this student before you

Student Name: _____ **Date: _____**

Teacher Name: _____ Grade Taught: _____

Please list some strengths the student has demonstrated in your classroom:

_____

_____

_____

_____

Please list some areas in which this student was not at grade level academically or meeting the expectations you set for the students in any area:

_____

_____

_____

_____

Please circle one or more of the following:

Retention was acted upon

Retention was recommended but parents didn't want it

Retention was discussed but was mutual to move the child to next grade

Retention was never discussed

Recommendation of Summer School then retention would be discussed again

This child didn't have any problems academically in my room

Individual Assistance was provided by:

Teacher Instructional Aide A+ Tutor

Peer Other: _____

Please list any other comments you might have for the SAT committee to better help this child!

Return form to Betsy Swyres when completed.