

EDUCATIONAL SCHOOL REPORT

(Form is to be completed by school staff, this is not a request for a transfer.)

Glenwood Academy
Attn: Karen Davis, Admissions
500 West 187th Street
Glenwood, Illinois 60425

Date _____

Student Name _____ Present Grade _____ Date of Birth _____
School Name _____ School Street Address _____
City _____ State _____ Zip Code _____ Telephone () _____

SCHOOL ACHIEVEMENT: Please submit a copy of the latest report card.

Has this student ever been retained? Yes _____ No _____

Will this student be promoted at his present level of achievement? Yes _____ No _____

ATTENDANCE: Number of days absent in past year _____ Number tardy _____

SPECIAL SERVICES:

Does/has this student receive(d)/require(d) any form of modified lessons? Yes _____ No _____

If yes, indicate all modifications: presentation _____ environment _____ time demands _____
materials _____ use of groups and peers _____ use of teacher aide _____

Additional comments: _____

Does this student receive/require Special Education Services? Yes _____ No _____

Does this student receive/require Speech Therapy Services? Yes _____ No _____

Does this student have an Individualized Education Program (IEP)? Yes _____ No _____

Does this student have an Intervention Plan in place? Yes _____ No _____

Has the student been recommended for a case study? Yes _____ No _____

Has the student been recommended for an educational evaluation? Yes _____ No _____

Has it been determined that the child has a learning disability? Yes _____ No _____

Has it been determined that the child has a behavior disorder? Yes _____ No _____

Has it been determined that the child has Attention Deficit Disorder? Yes _____ No _____

Does the child require remedial mathematics? Yes _____ No _____

Does the child require remedial reading? Yes _____ No _____

Does/did the child attend Title I Classes? Yes _____ No _____

PSYCHOLOGICAL EVALUATION:

Has a psychological evaluation ever been given? Yes _____ No _____ Test Date _____

Has a psychological evaluation ever been recommended? Yes _____ No _____

Does/has student ever receive(d) counseling? Yes _____ No _____

SPECIAL INFORMATION:

Effort: Working to capacity _____ Good _____ Fair _____ Poor _____ None _____

Areas of Strengths: _____ Areas of Weaknesses: _____

(OVER)

Has this student ever received a vision referral? Yes ___ No ___ Corrective lenses? Yes ___ No ___

Is the student resistant or compliant with wearing his/her eye glasses in class?

Resistant _____

Compliant _____

Has this student ever received a hearing referral? Yes ___ No ___ Hearing aid? Yes ___ No ___

CONDUCT:

Has this student been suspended? Yes ___ No ___ Has this student been expelled? Yes ___ No ___

If yes, please explain. _____

Does the student display inappropriate behaviors in the classroom _____ gym _____ hallway _____ and/or on the playground _____?

If yes, please describe. _____

How does the student react to success? _____

How does the student react to failure? _____

What behaviors/attitudes are displayed toward authority? _____

Are leadership qualities displayed? Yes _____ No _____

Peer relationships: Excellent _____ Good _____ Fair _____ Poor _____

Acceptance of consequences/criticism: Excellent _____ Good _____ Fair _____ Poor _____

ACHIEVEMENT TESTING: Attach a copy of all test data from the cumulative record.

In your opinion, are these scores indicative of the student's ability? Yes _____ No _____

If no, please explain. _____

ADDITIONAL COMMENTS:

Please feel free to provide additional information about this student you feel would provide Glenwood School with a more rounded picture of the child's ability performance, conduct and/or potential.

How long have you known this student? _____

Signature _____ Title _____

Remember: Attach a copy of the latest report card and all achievement test data from the cumulative record.