



Educational/Tutor Services

(If applicable)

Name of applicant _____

To the Educational Therapist (Please circle: Occupational, Speech and Language, Other). The above named student is an applicant to Charles Armstrong School, a school for specific learning disabilities. So that we may better understand the applicant's learning style, we would appreciate your response to the questions below. Please return the form at your earliest convenience to Charles Armstrong School in care of the admission office. We greatly appreciate your contribution.

1. How long have you worked with this student? _____

2. How does this student interact with peers?

3. How does this student interact with adults?

4. What skills are you working on with this student? .

5. How does this student react to constructive suggestions?

6. What techniques do you find particularly helpful in working with this student?

7. How do you imagine this student would benefit from small classes (average 6:1) and a structured environment?

Academic and Personal Ratings

Please check all appropriate responses.

	Outstanding	Excellent	Good	Average	Below Average
Leadership	___	___	___	___	___
Character and Integrity	___	___	___	___	___
Responsibility	___	___	___	___	___
Emotional Maturity	___	___	___	___	___
Emotional Stability	___	___	___	___	___
Motivation	___	___	___	___	___
Homework Completion	___	___	___	___	___
Organization	___	___	___	___	___
Attention Span	___	___	___	___	___
Self-confidence	___	___	___	___	___

Please provide any additional comments that would aid the admission office.

Signature _____ Printed Name _____
School Name _____ City _____
E-mail _____ School Phone _____

Please return to Charles Armstrong School, Admission Office, 1405 Solana Drive, Belmont, CA 94002