



Tutor or Educational Specialist/Therapist

NOTE: In order to complete this form electronically, first save a duplicate copy to your computer.
Using the tab key will assist you in moving to the next section.

The below named student is an applicant at Charles Armstrong School, a school for students with language-based learning differences. So that we may better understand the applicant's learning, we would greatly appreciate your response to the questions below. Please return the completed form in PDF format to Admissions at Charles Armstrong School via rlewis@charlesarmstrong.org or upload the form to the Admission system. We appreciate your time. Thank you.

Applicant Name:	
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<i>How long have you worked with this student?</i>	
<i>What is your role with this student? (OT, S&L, School or Private Ed or Learning Therapist or Specialist, Tutor, etc.)</i>	

1. Explain how this student interacts with peers (if applicable)?

2. Explain how this student interacts with adults?

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

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

5. Explain how this student reacts to constructive suggestions?

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

7. Please provide any additional comments that might be helpful to our admissions office and learning team.

Academic & Personal Ratings—Please check all appropriate responses

	Outstanding	Excellent	Good	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character & Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print Name:		Signature*:	
Title/Position:		School/Company:	
Address:			
City:		State:	Zip:
Email:		Phone:	Date:

****If you do not have electronic signature capabilities, please enter your name as verification. Return by uploading as a pdf to the Admissions on-line system or email to Charles Armstrong School at rlewis@charlesarmstrong.org***