Educational/Tutor Services
(If applicable)

Name of applicant _____________________________________________________________

To the Educational Therapist (Please circle the area in which you work with the student: Occupational Therapy, Speech and Language, Academics). 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 adults?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

4. How does this student react to constructive suggestions?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
5. What techniques do you find particularly helpful in working with this student?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. 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.

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<th>Outstanding</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
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<td>Character and Integrity</td>
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Please provide any additional comments that would aid the admission office.
______________________________________________________________________________
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Signature_____________________________________________
Printed Name_________________________________________
E-mail_______________________________________________
Phone_______________________________________________

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