

TEACHER REPORT

To be completed by a teacher or counselor.

This form should be given to a teacher or counselor (who has worked with the student) to be completed and returned directly to The Roeper School.

Date: _____

Dear Fellow Educator:

_____ has applied for admission to The Roeper School.

We would appreciate your observations about this student. All information will be kept strictly confidential.

THIS APPLICANT:

	Never				Always
1. shows intellectual curiosity	1	2	3	4	5
2. has a willingness to complete activities	1	2	3	4	5
3. is able to work independently	1	2	3	4	5
4. can follow directions	1	2	3	4	5
5. makes transitions easily	1	2	3	4	5
6. is internally motivated to learn	1	2	3	4	5
7. has an age-appropriate attention span	1	2	3	4	5
8. participates readily in class	1	2	3	4	5
9. has good relationships with peers	1	2	3	4	5
10. is cooperative and can accept limits	1	2	3	4	5
11. has respect for the rights of others	1	2	3	4	5
12. is sensitive to the needs of others	1	2	3	4	5
13. can accept responsibility	1	2	3	4	5
14. can handle academic requirements without special assistance	1	2	3	4	5
15. can control verbal aggression	1	2	3	4	5
16. can control physical aggression	1	2	3	4	5
17. is appropriately assertive	1	2	3	4	5
18. works effectively during unstructured time	1	2	3	4	5

FURTHER OBSERVATIONS:

What are the student's overall strengths or weaknesses in academic areas and social-emotional development?

Have you ever needed to involve the school counselor/social worker, special education team or principal with the student?

STUDENT'S NAME _____ CURRENT GRADE LEVEL _____

TEACHER'S NAME (PLEASE PRINT) _____

TITLE _____

TEACHER SIGNATURE _____ DATE _____

YEAR THIS STUDENT WAS IN YOUR CLASSROOM _____

NAME OF SCHOOL _____

SCHOOL ADDRESS _____ SCHOOL PHONE _____

SCHOOL CITY, STATE, ZIP CODE _____

Please return as soon as possible to:

Admissions Department
The Roeper School
41190 Woodward Ave.
Bloomfield Hills, MI 48304

Phone: 248/203-7317
Fax: 248/203-7310