

ALBEMARLE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
401 McINTIRE ROAD
CHARLOTTESVILLE, VIRGINIA 22902
(434) 296-5885

TEACHER EDUCATIONAL REPORT

Full Name _____ Date: ____/____/____

Reporting Teacher _____ Subject Area(s): _____

1. Instructional Level(s)

Current levels of academic performance:

	Below	Average	Above
Reading	_____	_____	_____
Language Arts	_____	_____	_____
Math	_____	_____	_____
Written Language	_____	_____	_____

2. Pertinent Test Information:

3. Work Habits / Motivation: Is the student performing up to his/her potential?

4. Peer and Adult Relationships:

5. Special Alternative Actions Taken To Alleviate Student's Learning Problems – (specify duration of alternatives) :

