

# The Bradford L. Dunn Institute Summer School

## TEACHER'S CONFIDENTIAL REPORT

STUDENT'S NAME \_\_\_\_\_

SCHOOL NAME & ADDRESS \_\_\_\_\_

PRESENT GRADE \_\_\_\_\_

How long have you known the student?

What are the student's overall strengths?

Weaknesses?

What adjectives or phrases would you use to describe the student?

PLEASE RATE (✓) THE STUDENT CANDIDATE IN THE FOLLOWING CATEGORIES, USING THE CHART BELOW:

<i>Academic Evaluation</i>	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>N/A</i>
Written expression					
Oral expression					
Organizational skills					
Computational skills					
Accuracy					
Estimating skills					
Understanding of new concepts					
Class participation					
Creativity					
<i>Personal Qualities</i>					
Enthusiasm					
Leadership					
Sense of humor					
Emotional stability					
Concern for others					

We welcome any other information that you think would be helpful. Please feel free to comment on any special needs or concerns regarding this child and/or family:

TEACHER'S NAME (PLEASE PRINT) \_\_\_\_\_

CONTACT # \_\_\_\_\_

TEACHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Thank you for your feedback. Please return this form promptly to: The Bradford L. Dunn Institute, 144 Waterman Street, Suite 1, Providence, RI 02906, Ph: (401) 751-7049, Fax: (401) 751-7539.**