

STUDENT RATING FORM

Carefully place your student BARCODE label here

1. Please indicate how strongly you agree or disagree that each of the following statements is true about this student. Mark (X) for each item below.

| This student: | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Is eager to learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Usually pays attention in class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently argues with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completes school work in an organized way | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Often talks back to adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Works well independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wants to do well in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Keeps his/her personal belongings organized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Often acts impulsively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Works hard on school assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disrupts the work of others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Persists when work is difficult | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gets angry easily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Usually completes work on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses free time in constructive ways | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sometimes damages property | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Works carefully and methodically | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gets into fights with other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoys reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoys math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Please rate how well this student performs in each of the following areas compared to the *other children in your class*. Mark (X) for each item below. If you do not have the target student for a particular subject, please mark "Don't teach subject to this student."

| | Below Average | About Average | Above Average | Don't teach subject to this student |
|-----------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Fluency in reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading comprehension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Math computation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Math problem solving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



3. What is the current grade level of this student? Mark (X) ONE box.

- K 3rd Grade
 1st Grade 4th Grade
 2nd Grade 5th Grade

4. Please rate how well this student performs in each of the following areas compared to *students in this grade (marked in question 3) across the nation.*

Mark (X) for each item below. If you do not have the target student for a particular subject, please mark "Don't teach subject to this student."

| | Below Average | About Average | Above Average | Don't teach subject to this student |
|-----------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Fluency in reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading comprehension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Math computation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Math problem solving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Please indicate the student's current participation or enrollment in the following Title I programs or services offered by this school. Mark (X) for EACH item below.

| | Yes | No | Don't Know |
|--|--------------------------|--------------------------|--------------------------|
| Title I reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Title I mathematics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Title I English/language arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Title I ESL/bilingual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Schoolwide Title I instructional program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Please indicate the student's current participation or enrollment in the following programs or services funded by sources other than Title I and offered by this school. Mark (X) for EACH item below.

| | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| Supplementary reading instruction or tutoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplementary mathematics instruction or tutoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplementary English/language arts instruction or tutoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ESL/bilingual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gifted and talented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School breakfast program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Free or reduced price lunch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Office use only

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