

Dear Teacher,

The student listed below has enrolled in the Student Tutoring Program at the Cardinal Shehan Center. He/She will be working on individual academic needs as well as his/her homework. We have resources that address the goals of K-8 students as listed in the Bridgeport Curriculum Guide; however your input would be extremely valuable. **Please fill this form out completely and return to the student or parent.** Your responses are confidential and are to be used for tutoring purposes only.

ASSESSMENT FORM

Teacher's Name _____ School Phone # _____

Student's Name _____ Grade _____

Please check the appropriate content area in which assistance is needed and indicate the specific need (i.e. Multiplication, short vowel sounds, etc.)

_____ Math _____

_____ Science _____

_____ Reading _____

_____ Social Studies _____

_____ Writing _____

_____ Other _____

What are the student's greatest strengths?

Is there anything else the tutor should know about the child? _____
