ACADEMIC ASSESSMENT TEACHER FORM

(TO BE COMPLETED BY MATH, SCIENCE, ENGLISH, OR SOCIAL STUDIES TEACHER)

Name of Student:	School:
Name of Teacher:	
education. Your honest response to the following sheet for any additional comments. Academic Need: (Must indicate at least <u>1</u> need)	lemic <u>need</u> and potential for success in postsecondary items is greatly appreciated. Feel free to use the back of this reign language learning skills career awareness
Class participation: cooperative passive	e disruptive
Homework: complete/on time incomp	olete/occasionally late incomplete/frequently late
Class absences: rarely occasionally Please explain:	frequently excessively
Describe any personal barriers to academic succes	ss (i.e. attitude, level of enthusiasm, self-image, etc.):
Is this student capable of succeeding in the college Describe any academic weaknesses:	
Based on your knowledge of the student, indicate 4 yr2 yrTech	
Describe any academic deficiency for postseconda	ary education:
Other comments:	
(Date)	(Signature)

Thank you for your help!
Please return this assessment as soon as possible.
Fax: (802) 656-0055 or Email: Xavier.DeFreitas@uvm.edu

