



PLEASE SUBMIT THIS REPORT AND ATTACH SAMPLE WORK TO THE ADDRESS BELOW:

Rabbi Setton
YESHIVAH PREP
HIGH SCHOOL DIRECTOR
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Phone #- 347- 462-1807
BROOKLYN, NY 11230

TEACHER'S REPORT

Student Name: _____
Date of Birth: _____
Teacher's Name: _____
Teacher's Telephone Number: _____

School: _____
Subject Class: _____
 General Education
 Resource Room
 Self Contained Class

ATTENDANCE AND PUNCTUALITY

ACADEMIC FUNCTIONING *A summary of classroom participation, work habits, completion of homework assignments and your perception of academics.*

Reading Level _____ Math Level _____

AREA OF WEAKNESS

IN YOUR OPINION WOULD THIS STUDENT BE ABLE TO TAKE

REGENTS: Yes No

SOCIAL AND EMOTIONAL FUNCTIONING *Please comment on any of the following areas that are relevant to this student, e.g., peer relations, withdrawal / acting out, self esteem and response to teacher intervention.*

STUDENT'S TALENTS AND INTERESTS

Teacher's Signature

Date