

# Academic Assessment Form

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

## 1. Academic Performance

Subject	Grade	Comments
Mathematics	_____	
English Language Arts	_____	
Science	_____	
Social Studies	_____	
Other (specify): _____	_____	

## 2. Skills Assessment

Skill	Excellent	Good	Needs Improvement	Comments
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 3. Teacher's Feedback

Strengths
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Areas for Improvement
Additional Comments

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_