

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

Areas for Improvement
Additional Comments

Teacher's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____