

**To be completed by Teacher**

Please complete and email to Tiffany Victory,  
Program Coordinator at [tiffanyv@atlanticstreet.org](mailto:tiffanyv@atlanticstreet.org)



**Teacher Section** Please fill in student's name below.

Summer Academy 2025

Applicant/Student First Name				Applicant/Student Last Name			
Referring Teacher			School			2024-2025 School Year Grade Level	
Student's Primary Learning Style	<input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Kinesthetic <input type="checkbox"/> Global <input type="checkbox"/> Other:					Fall DRA Score	

Please mark an "X" in each row as it relates to the best description of the student's learning/classroom habits.

Student SPS Number:

	N/A	Excellent	Good	Fair	Poor	Very Poor	Comments
<b>Finishes Assignments</b>							
<b>Class Attendance</b>							
<b>Study Skills</b>							
<b>Conflict Resolution</b>							
<b>Positive Interactions</b>							
<b>Communications Skills</b>							
<b>Overall Writing Skills</b>							
Ideas/Organization							
Writing Fluency							
Penmanship							
Spelling							
<b>Overall Reading Skills</b>							
Sight Words							
Decoding							
Comprehension							
Vocabulary							
Fluency							
<b>Overall Math Skills</b>							
Counting							
Place Value							
Addition							
Subtraction							
Multiplication							
Division							
Story Problems							
Estimations							
Fractions							
Percentages							
Decimals							

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Please fill in student's name below.

☐ Male ☐ Female

Applicant First Name      Applicant Last Name      Date of Birth (mm/dd/yyyy)

Please identify learning goals for this student in each subject area.

Please share your suggestions for successful ways to work with this student.

Please identify if this student has an IEP, special accommodations, academic process, etc.

Please provide other information you feel is pertinent to making this 5-week program a success for this student.

Teacher Name

Teacher Signature

Date (mm/dd/yyyy)

Teacher Email Address: